"ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR , MADURAI".

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"ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI".

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ABSTRACT

ABSTRACT

"Assessthe effectiveness of structured video teaching programme on knowledge and attitude regarding weaning among mothers of infants residing at Samayanallur, Madurai" was conducted as a partial fulfillment of requirement for the degree of Master of Science in Nursing, at College of Nursing, Madurai Medical College, Madurai under Tamil Nadu .Dr.M.G.R.Medical University, Chennai during the year 2010-2012.

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge of mothers of infants regarding weaning
2. To assess level of the attitude of mothers of infants regarding weaning
3. To evaluate the effectiveness of structured video teaching programme on weaning.
4. To correlate the knowledge and attitude of mothers of infants regarding weaning.
5. To determine the association between post test knowledge among mothers of infants regarding weaning with their selected variables.
6. To determine the association between post test attitude among mothers of infants regarding weaning with their selected variables.

HYPOTHESIS

H1: The mean post-test knowledge scores of mothers will be significantly higher than mean pretest knowledge scores regarding the weaning.

H2: The mean post-test attitude scores of mothers will be significantly higher than mean pre-test attitude scores regarding the weaning

H3: There will be significant relationship between knowledge and attitude of mothers of infants regarding weaning.

H4: There will be significant association between post-test knowledge score of mothers of infants regarding weaning with their selected demographic variables.

H5 : There will be a significant association between post-test attitude score of mothers of infants regarding weaning with their selected demographic variables.

Conceptual framework for the study was based on Daniel Stuffle Beam model. Research design used for the study was pre experimental design. The study was conducted at Samayanallur Madurai. The population for this study consisted of mothers of infants residing at Samayanallur during the period of study. Convenient sampling technique was used to select the samples.

Data collection instrument consisted of demographic variables,self administered multiple choice questionnaire to assess the knowledge and 5 point rating scale to assess the attitude regarding weaning. The video teaching consists of detail about weaning.

The tool was given to four experts for content validity.Reliability of structured questionnaire was obtained by test retest method r=0.81(Knowledge),0.83(Attitude) which was highly reliable. Pilot study was conducted at Samayanallur to find out the feasibility of the study.

The collected data were tabulated ,analyzed ,and interpreted by using descriptive (frequency, percentage,mean,standard deviation) and inferential statistics (correlation coefficient,paired 't' test, chi square test).

Major findings of the study:

- The mean score of knowledge in the post test 20.57 was significantly higher than the pre test score 12.37. The 't' test value is 33.28 highly significant at 0.001 level. Hence the stated hypothesis was accepted.
- The mean score of attitude in the post test 80.07was significantly higher than the pre test score 48.23. The 't' test value is 68.45 highly significantat 0.001 level. Hence the stated hypothesis was accepted.
- There was a poor correlation between the knowledge and attitude among mothers regarding weaning before video teaching program 'r' = 0.19 (P=0.11).
- There was a significant moderate positive correlation between the knowledge and attitude among mothers regarding weaning after video teaching program, 'r' = 0.44 (p=0.001).Hence the stated hypothesis was accepted.

- There was a significant association between the knowledge of mothers of infants with their selected demographic variables such as age, education of motherandnumber of children. Hence the stated hypothesis was accepted
- There was a significant association between the attitude of mothers of infants with their selected demographic variables such as age, education of mother and number of children. Hence the stated hypothesis was accepted.

INTERPRETATION AND CONCLUSION

Above findings suggest that the structured video teaching programmewill help to change the knowledge and attitude regarding weaning among mothers of infants. Above findings portray that there was moderate relationship between knowledge and attitude,it means the knowledge can moderately modify the attitude among mothers of infants.

Based on the findings ,the following recommendations were suggested.

- A similar study can be undertaken by utilizing other domain.
- A similar study can be undertaken on larger scale.
- A comparative study can be done in the urban and rural areas.
- A similar study can be undertaken with control group.
- Studies are needed to develop standardized tool on knowledge on weaning.
- A similar study can be undertaken by using different teaching methods.

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CHAPTER I

INTRODUCTION

"**Healthy children make a healthy nation**."

Breast milk is a best and safest food for young babies. It is important that babies should be given extra foods as well as breast milk at the right age in sufficient amounts to enable them to grow and stay healthy.

Weaning is practiced from the ancient period. According to Indian tradition the ceremony of 'Annaprasanam' (feeding the baby first time) is performed at time of giving first food to the baby. Generally the first food is cooked food. This can be prepared from porridge, wheat, rice, maize or ragi flour. Weaning has crucial role in the child development.

The term 'wean' means to accustom and it describes the process by which the infant gradually becomes accustomed to the full adult diet. The world health organization has given this definition of weaning as "Weaning is the process by which an infant gradually becomes accustomed to an adult diet WHO (2003)." Another historical definition is, "To replace mothers milk with other nourishment". Or "To accustom the young of a mammal to take nourishment other than by suckling (from the old English word 'wenian').Collins Dictionary (1982). Weaning and supplementary feeding are often used interchangeably. The dictionary meaning of weaning includes something that supplies a want or makes an addition.

During the weaning period the young child's diet changes from milk alone to one based on regular family meals.Weaning allows the infant to meet changing nutritional needs and to become less nutritionally dependent upon milk.

There is an importance of weaning for a growing child to meet the additional requirements of nutrients such as iron,protein, calcium, vitamins, and minerals. When the babies sense of taste develops she will be more inclined towards new foods, tastes and textures. The main purpose of weaning was to attain growth and development.

The present day oxford dictionary defines weaning as introducing the food otherhan from the breast. Now-a- days, the word is often applied little indiscriminately to any change from one type of diet to another in infancy.

Weaning is a difficult period in infant's life, because if food supplements or substitutes are not adequate in quantity or quality, the child becomes malnourished. Hence these changes should be made gradually for they should provide a pleasant experience, not a conflict for mothers and infants. Praise, loving, attention, and cuddling are vital to successful weaning.

During the first 6 months of life, infants need only breast milk to meet all their nutritional needs. After that, it is essential for mothers to give weaning foods in addition to breast feeding because several developmental milestones takes place in the child, such as good control of head and neck, birth weight doubles, baby can sit up with some support, and showing interest in food when others are eating etc will indicate an infant is ready to eat solid foods. Apart from nutritional requirements, by the age of 6 months, something to bite upon is helpful in teething. The child is also ready to develop the skills of eating from a spoon and drinking from a cup.

Difficulties may be experienced later if the opportunity to learn these skills is not given at this stage. Children under the age of five years are considered biologically vulnerable and needs special attention from the health workers. Almost one half of the total deaths in our country occur in this age group.

Although the iron content of breast milk is low, few exclusively breast fed infants become anemic in first six months of life. The high bioavailability of iron in breast milk

and infant iron reserves help to meet the needs of these young babies. So start a source of iron (supplemental iron at 1 mg/kg/day or ironfortified infant cereal or meat) at age 4 months. Recently, the World Health Assembly and the American Academy of Pediatrics recommended that weaning foods or iron enriched solids be given from the age of about six months.

Protein energy malnutrition has been identified as a major health and nutritional problem in India. It occurs particularly during weaning and children in the first years of life. It is common among children below five years of age of lower income groups. The major cause for child malnutrition is the birth of low birth weight babies.

Birth weight of less than 2,500 grams is very closely associated with poor growth not just in infancy but throughout child hood. A major factor adversely affecting the birth of healthy babies is the poor nutritional status of women. In India 51% of all children below five years age are undernourished. It is estimated that around 50-60% of children are malnourished by the age of two years due to lack of exclusive breast feeding and improper weaning. The protein energy malnutrition in India in pre school age children is 1-2%.

Progress in terms of reducing child malnutrition has been extremely slow. Massive low birth weight, lack of health care and immunization, under nutrition and malnutrition were major causes leading to infant mortality in children in developing countries. According to a recent study conducted by the United Nations Children's emergency Fund (UNICEF), India is ranked 53rd among 199 in terms of IMR.

The UNICEF study has revealed that the IMR and the under 5 mortality rate (U5MR) is on the decline in India. During the past 80 years, there has been a steady decline in infant mortality all over the world.

The infant mortality rate in world as follows

Sl.No	YEAR	Infant mortality rate
1	2003	59.59/1000 live births
2	2004-2005	56.29/1000 live births
3	2006	54.63/1000 live births
4	2007	34.61/1000 live births
5	2008	32.31/1000 live births
6	2009	30.15/1000 live births
7	2010	49.13/1000 live births
8	2011	47.57/1000 live births

The decline in infant mortality has been attributed to

(a) Improvement in standard of living trends in the society.

(b) Better control of communicable diseases.

(c) Better obstetrics and other health care services.

Need for the study

"The children of today are citizens of tomorrow".

Unless the nutritional needs of the children are adequately met, we cannot ensure healthy citizens of future.The death rate is highest in the age group 0-4 years. This is result of malnutrition and infection. About 21% of total deaths are estimated to be in the age group 0-1 year.On the basis of unit body weight, the infant as well as the young child has need for the greater amounts of nursing food than adult.

In developing countries average infant growth is satisfactory until about three months of age. Due to poor environmental conditions, it begins to fall off Growth faltering at this age may occur.

In introducing weaning foods , there is difference in timing that is early or late weaning and the difference in types of food used and it has great geographic and cultural variation.

In rural areas, under nutrition in various forms is a major problem particularly among the landless.Harmful lifestyles, overcrowding, and unhygienic environmental conditions,inadequate diets, leave city people prone to infection and various forms of malnutrition.

Two factors play major roles in the occurance of protein energy malnutrition are inadequate breast feeding ,early or late initiation of weaning and the combined effect of stress and infections, which may interfere with the intake, absorption, and assimilation of nutrients.

Societal changes like increasing numbers of women in urban and rural areas engaged for regular employment outside the home during day time as well as in night time.There is no opportunity for breast feeding and broken family, ill health and commercial advertisement through press and mass media all contribute to early abandonment of breast-feeding and greater use of commercial baby foods.

High percentages of infants in developing countries are continue breast-fed for very short periods. Moreover, weaning foods are introduced much earlier than the recommended age of 4-6 months, often even in the first month of life. Such foods are usually bulky and thus low in energy density.

Early introduction of cereals and particularly vegetables can interfere with the absorption of breast-milk iron, thus potentially resulting in iron deficiency. In addition, weaning foods prepared under unhygienic conditions are frequently contaminated with pathogens and thus are a major factor causing diarrhoea and associated malnutrition in infants.

In rural areas, under-educated mothers,culture, taboos, and customary food attitudes seem are the causative factors for malnutrition in young children. It is crucial that the underlying beliefs and attitudes should be gradually modified by promoting maternal well-being and breast-feeding through maternal education and literacy and also should empower mothers to breast feed their infants exclusively till six months of age and to continue breast-feeding with the addition ofweaning foods for up to two years or longer.

Improving feeding and weaning attitudes like appropriate timing and quality of weaning foods, adequate in protein, high content of vitamins A and D, iron, and zinc should be emphasized. To prevent diarrhoea caused by bacterial contamination, freshly cooked or freshly peeled foods should be used.

The faulty feeding attitudes stated above requires to be remedied immediately, if Indian children have to be saved from disease and death arising out of wide spread of malnutrition to develop as healthy adults.

The investigator observed the limited knowledge of rural women and the poor attitudes of weaning to their children. It was felt that weaning attitudes were non beneficial like delayed starting ofweaning food, prolonged breast feeding, improper hand washing, utensils of infants, not giving water to children and not givingweaning food until they perform ‘Annaprasanam’.

Hence the investigator felt the need to assess the knowledge of mother regarding weaning attitudes, and also to apprise how far these attitudes were beneficial to children. No systematic study was done on this topic and in the selected villages. Thus it was expected that a study would help to impart knowledge regarding weaning and its attitudes to be adopted to prevent complications.

There fore the need to conduct such a study was felt. It needs no reiteration that the problem of malnutrition can be solved to a large extent by educating people especially the rural communities to effectively utilize inexpensive locally available food which they can afford.

STATEMENT OF THE PROBLEM:

"Assess the effectiveness of structured video teaching programme on knowledge and attituderegarding weaning among mothers of infants residingat samayanallur , madurai".

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge of mothers of infants regarding weaning
2. To assess level of the attitude of mothers of infants regarding weaning
3. To evaluate the effectiveness of structured video teaching programmeon weaning.
4. To correlate the knowledge and attitude of mothers of infants regarding weaning.
5. To determinethe association between post test knowledge among mothers of infants regarding weaning with their selected variables.
6. To determine the association between post test attitudeamong mothers of infants regarding weaning with their selected variables.

HYPOTHESIS

H1: The mean post-test knowledge scores of mothers will be significantly higher than mean pretest knowledge scores regarding the weaning.

H2: The mean post-test attitude scores of mothers will be significantly higher than mean pre-test attitude scores regarding the weaning.

H3: There will be significant relationship between knowledge and attitude of mothers of infants regarding weaning.

H4: There will be significant association between post-test knowledge score of mothers of infants regarding weaning with their selected demographic variables.

H5: There will be a significant association between post-test attitude score of mothers of infants regarding weaning with their selected demographic variables.

OPERATIONAL DEFINITIONS:

1.Effectiveness:

It refers to producing intended result. In this studyIt refers to the extent to which the Video assisted programme on weaninghas achieved the desired effect as expressed by mother's gain in knowledge.

2.Video teachingprogramme:

It refers to programme on weaning which is focussed on group of mothers and is implemented with various methods like the use of computer, video etc.

3. Knowledge

It refers to awareness of mothers of infants regarding weaning as measured by knowledge scale.

4. Attitude

It refers to the opinions, values, feelings expressed by mothers of infants regarding weaning .

5. Weaning

The process of introducing any feeding along with breast-feeding at appropriate time, with appropriate food under hygienic conditions in order to improve the infants health.

6. Mothers

Mothers who have children from 6-12 months of age.

7. Infants

Babies between 6-12 months of age.

ASSUMPTIONS

1. The mothers of infants may have inadequate knowledge regarding weaning.
2. The selected demographic variables have an influence on mothers knowledge and attitude regarding weaning.
3. The adequate knowledge of mothers regarding weaning have influence on promotion of infants health.
4. Knowledge and attitude of mothers of infants regarding weaning may varies from One mother to another mother.
5. Structured video teaching programme will enhance the knowledge and attitude of mothers regarding weaning.

DELIMITATIONS:

1. This study is limited to Mothers of infants residing at samayanallur, Madurai.
2. This study is limited to 4 weeks.
3. This study is limited to infants with 6 to 12 month of age.

PROJECTED OUTCOMES

1. The study will determine the knowledge and attitude of mothers regarding weaning .
2. The findings of the study will identify the demographic factors which are influencing the knowledge and attitude of mothers regarding weaning.
3. The mothers will gain knowledge regarding weaning .

CHAPTER –II

REVIEW OF LITERATURE

Review of the literature refers to an extensive, thorough and systematic examination of publications relevant to the research project.

Review of literature is a key step in research process. It helps the investigator to develop deeper insight into the problem and gain information on the problem and on what has been done before. It provides basis for future investigation, justifies the need for replication, throws light on the feasibility of the study, constrains of data collection relates the findings from one study to another with a hope to establish a comprehensive body of scientific knowledge in a professional discipline from with valid and pertinent theories may be developed. (Polit and hungler1999).

In order to accomplish the goal of the present study, the review has been organized under the following headings.

1. Weaning and weaning practices
2. Knowledge on weaning
3. Attitude on weaning
4. Variables that influences the knowledge and attitude on weaning.

1. Weaning and weaning practices

The American Academy of pediatrics recommends feed your child with breast milk for the first six months of life. Then combination of solid foods and breast milk should be given until baby is at least 1 year old. When weaning is delayed it becomes one of the major feeding problems of the baby hood. It also getting the baby used to taking food by biting and chewing instead only by sucking.

According to **Achar 2000** weaning literally means to be taken off or alienated from an accustomed pursuit. In infant feeding it means the addition of other foods to diet of just milk from the breast or the bottle, on which the baby has been fed since birth. The term may also to the process of accustomed to solid foods. The term weaning means to take of the breast or introduction of top food.

Heath AL, Tuttle CR et.al(2002) conducted a study on breastfeeding and weaning practices in the first year of life in New Zealand.Prospective study of infants from birth to 12 months of age.A self-selected sample of 74 white mothers and their infants born in Dunedin, New Zealand.Among mothers, 88% (n=65) initiated breastfeeding, 42% (n=31) were exclusively breastfeeding at 3 months, and 34% (n=25) were partially breastfeeding at 12 months. Our findings suggest that women should be taught how to increase their breastmilk supply. Parents should also be intimated the importance of delaying the introduction weaning foods until their infant is 4 to 6 months of age and cow's milk until they are 12 months of age.

Sarwar T.(2002) conducted a study on Infant weaning practices of Pakistani mothers in England and Pakistan.Ninety mothers were interviewed, forty five were in England and forty five in Pakistan.Infants Characteristics showed no differences between the two groups.. Mothers in Pakistan demonstrated more confidence in weaning practices than in England .More advice from health professionals was requested and is needed by all mothers in order to improve weaning practices of the infants.

Donath SM, Amir LH(2005) conducted a study on Breastfeeding and the introduction of solids in Australian infants from the 2001 National Health Survey.At discharge from hospital, 83.3% of infants were breastfeeding, which is similar to estimates from the 1995 NHS. Solid food was being offered regularly to 15.2% of infants at 13 weeks and 88.0% by 26 weeks.Fewer than 50% of infants are receiving breast milk at six months. Australian infants are being exclusively breastfed for the recommended six months were low. Infant feeding practices in Australia appear to have remained unchanged .

Shamim S.(2005) conducted a Cross-sectional study on Weaning practices in peri-urban low socioeconomic groups in Karachi.One hundred and fifty infants were included in the study.Ninety (60%) infants were receiving semi-solids/solids (weaning foods) in addition to milk. The recommended age (between 4 to 6 months) was noted in 37 (25%) cases, while early weaning was present in 9 (6%) cases and delayed weaning in 44 (29 %) cases. The quality, type and choice of food was not ideal for adequate growth.Incorrect weaning practices is an issue of public health in developing countries.

Shamim S, Naz F et.al (2006) conducted a Cross-sectional study on Effect of weaning period on nutritional status of children.The study was conducted in rural areas in Karachi, Pakistan.Three hundred and fifty-nine children were included in the study. weaning was started at the age of 4-6 months were found to be less malnourished than weaning was started at an earlier or later age. Inappropriate feeding practices leads to delay in growth as noted in the present study. Programmes should be launched for education of mothers regarding weaning practices.

Subba SH, Chandrashekhar TS et.al(2007)A study was conducted among mothers who attended the immunization clinics in Nepal. A total of one hundred and sixty eight mothers were interviewed. 40% of the mothers were started weaning before the recommended age of 6 months and 22.5 % delayed introduction of weaning beyond the recommended age. There is a need to educate the mothers regarding weaning.

Lindsay AC et.al (2008) conducted a study on weaning practices among Brazilian mothers.Prolonged breastfeeding and delayed weaning of infants with semisolid foods resulted in a problem among low income women.The results showed common problems related to weaning practices, such as the early introduction of solid foods and the use of commercial food for weaning. Cultural factors appeared to have an important influence on mothers weaning practices and eating patterns of their children.

Sloan S, Gildea A et.al(2008) conducted a study on Early weaning is related to weight and rate of weight gain in infancy.one group weaned before 4 months ,the other

weaned at 4 months or after.Weaning practices assessed through interviews with mothers of 1-year-old infants. Weight at birth, eight weeks and seven months were taken and an measure of weight was taken at fourteen months.Infants weaned early were heavier at 7 and 14 months, and gained more weight between 8 weeks and 14 months, even after breastfeeding was controlled.Early weaning is related to rapid weight gain in infancy. This may have implications for childhood obesity.

Meyer R.(2009) conducted a study on feeding practices from 6-12 months of life . The nutrition in infants below six months of age is breast milk. Infants aged between six and twelve months require additional sources of nutrition. Numerous milestones have to be achieved to support normal development of feeding skills. Requirements increase during this period for protein, vitamin and minerals . Weaning should be started by six months of age, but not earlier than 4 month. Wheat, egg, fish and dairy beyond six months of age contribute for growth and development. It is necessary that parents receive evidence-based guidance on optimal nutrition during this period.

Tarrant RC, Younger KM et.al(2010) conducted a study on Factors related to weaning practices in term infants in Ireland. 539 pregnant women selected from the Coombe Women and Infants University Hospital, Dublin, 401 eligible mothers were followed at 6 weeks and 6 months postpartum.. Only one mother complied exclusively breastfeed up to 6 months. 91 infants were prematurely weaned solids at ≤ 12 weeks with predictive factors after adjustment, including mothers' antenatal reporting that infants should be weaned onto solids at ≤ 12 weeks, formula feeding at 12 weeks and mothers reporting of the maternal grandmother as the important source of advice on infant feeding.

Coulthard H, Harris G (2010) conducted a prospective, longitudinal study design on early fruit and vegetable feeding practices in the United Kingdom. The mothers completed self-reported questionnaires at 6 months and 7 years postpartum, containing questions about their child's Fruit and Vegetableintake.Information was

collected from 7866 mothers of infants.The findings support the concept that exposure to Fruit and Vegetable is important in the early weaning period.

Shi L, Zhang J.(2011) conducted a study on inappropriate weaning practices have been identified as the major causes of malnutrition in young children in developing countries.. This studies supports that educational programme can effectively improve weaning practices and child nutrition and growth. The intervention should be culturally sensitive, accessible and integrated with local resources.

Caton S, Ahern S et.al(2011) conducted an exploratory study on the introduction of vegetables in the weaning period. Few studies have examined in detail weaning practices and how mothers introduce vegetables into the diets of their infants. 75 mothers of infants aged 24-72 weeks filled out a postal questionnaire regarding infant feeding during the weaning period.. Mothers introduced solid food to their infants at around 20 weeks of age and those who breast-fed their infants tended to introduce solid foods later compared to formula feeding mothers . Mothers demonstrated high concern about the nutrient quality of their child's diet and perceived vegetables to be an integral part of the diet.

Agarwal KN.(2011) conducted a study on Infant feeding and weaning practices in India .weaning for semisolids is delayed . The infant weaning foods are inadequate in energy-protein and micronutrients ,weaning foods and feeding utensils are contaminated with bacteria, leads to frequent episodes of diarrhoea.Thus fetal malnutrition, poor initiation of breastfeeding, inadequate and delayed weaning, and contaminated food and water demand urgency to develop affordable hygienicweaning foods, education to clean utensils, timely weaning and available potable chlorinated water to prevent and control malnutrition.

Dibley MJet.al (2011) conducted a study to assess the weaning practicesand identify the risk factors associated with inappropriate weaning in Children (4604) aged 6-23 month in Indonesia. Poor households were significantly less likely to be introduced

to weaning and meet the minimum dietary diversity . Infants aged 6-11 months were also significantly less likely to meet minimum dietary diversity,minimum meal frequency and minimum acceptable diet. Public health interventions to improve weaning.

Baturin AK.(2011) conducted a study to evaluate infant feeding and weaning practices and anthropometric characteristics of 2-to 24-month-old children in Russia.A comprehensive analysis of data collected from random sample of 2,500 mothers of children by interviews.Specially designed questionnaire that includes sections on health, especially feeding practices, food intake from the previous day and the measurement of height and weight.

The most common weaning food was fruit juice (59.4% of children), followed by fruit puree and cereals . 4.4% of respondents used cow's milk as the first weaning food. It was found that examined children were slightly taller and heavier than the WHO standards.Evaluation of feeding and weaning practice will help to develop guidelines and educational programs to prevent nutrition-related diseases in Russia.

1.1 Time of weaning

W.H.O 2002 recommended that signs that indicate the child is ready for solid foods. Have the babies tongue trust reflex disappear? This reflex causes babies to instinctively push objects out of their mouth. It is still present the child gags whenever the food is given, it shows he is not ready to be weaned.

Does the baby looked at or grab food when he sees it? It means shows interest in the food on plate and ready to have more solids. Can the baby sit up and hold his head up by himself? If so he will be able to sit in an upright position for feeding.

Birth weight doubles by 5 months of age and the nutritional demands gradually increase and the calcium and iron stores get depleted. The breast milk supply also increases till 6 months since the birth weight doubles around 6kgs the baby needs 600-

700 cal per day. At 5 months around 600 ml of breast milk supply only 400 cal. By 4 months of age, the baby achieves head control and develops hand mouth co ordination and starts enjoying mouthing. Intestinal amylase matures and the gut becomes ready to accept cereals and pulses. Gum hardens prior to tooth eruption and the baby enjoys gumming semisolids. Thus the baby is biologically accept semisolids by 4-6 months of age.

Sachedev (2004) revealed that the weaning process varies from culture to culture and is regulated by the child's individual needs like nutritional needs, physiological maturation and immunological safety. Foods other than breast milk before 4 months of age are unnecessary and harmful. Many infants some additional feeding by about 6 months of age.

White JM.(2009) conducted a study on nutrition during infancy is essential for optimal growth and development. Two hundred and three families with infants aged between 7 and ten months., More than half of infants had commenced weaningby the age of four months. The most common reported reasons for weaning were infant was ready. The most of the mothers had received formal advice from their health visitor.

1.2 Feeding related problems

Weaning should be gradual and regular as per child likes and never with force.Obeserve any indigestion diarrhea and vomiting or rashes, over feeding, under feeding. This can be prevented by proper selection of foods following hygienic attitudes. (Sachdev 2004).

Venter Cet.al (2009) conducted a study on factors associated with maternal dietary intake, feeding and weaning practices, and the development of food hypersensitivity in the infant. Pregnant women were recruited and family history of allergy was obtained by means of a questionnaire. Maternal dietary intake during pregnancy, and breast-feeding duration did not influence the development of sensitization to food allergens or food hypersensitivity. In contrast, children who were not exposed to a certain food allergen before the age of 3-6 months were less likely to become sensitized or develop food hypersensitivity. Women with a family history of allergic disease were more likely to breastfeed exclusively at 3 months and avoid peanuts from the infant's diet at 6 months. Maternal dietary intake during pregnancy, and breast-feeding duration did not appear to influence the development of sensitization to food allergens or food hypersensitivity. Weaning age may affect sensitization to foods and development of food hypersensitivity. A history of allergic disease has very little impact on maternal dietary, feeding, and weaning practices.

Hidalgo-Castro EMet.al (2009) conducted a study on Food allergy or allergic food hypersensitivity is defined as an adverse immunologic reaction caused by immunologic mechanisms mediated or not by IgE. It is a complex disease influenced by polygenetic heritance and environmental factors. Many risk factors have been investigated, pre natal and post natal, and variable and controversial results have been obtained. The most important risk factors associated with food allergy are atopy, lack of breast feeding at least three to six months and early weaning (before four-six months).

1.3 Hygiene and weaning food

Lanata CF.(2003) conducted a study on contamination of weaning foods and water with enteropathogenic micro-organisms. He concluded that the frequency of contamination of weaning foods with enteropathogens is high in developing countries, and is dependent on the food type, storage time and ambient temperature of storage, the method used, and the temperature reached on re-warming before re-feeding. Other considerations are the bacterial content of cooking and feeding utensils. Fruit and raw vegetables can become contaminated with enteropathogenic micro-organisms by sewage-

containing irrigation water, by washing produce and fruits in contaminated water, and how they are processed at home. In most studies reviewed, the level of contamination is higher in weaning foods than in drinking water. It is postulated that weaning foods are probably more important than drinking water for transmission of diarrhoeal diseases in developing countries.

Sachdev (2004) All weaning foods need to be prepared stored and fed to the baby under the most hygienic conditions. Hands of the mother and child should be washed before feeding. Clean utensils should be used food and utensils should be covered. The baby weaning foods must be carefully and safely stored to prevent the food from spoiling. Readymade foods are unsafe, mostly can cause malnutrition.

Potgieter Net.al (2005) conducted a Bacterial contaminants of weaning food, and domestic drinking-water in South Africa, were determined. One hundred and twenty-five samples of children were assessed for Escherichia coli, Campylobacter jejuni, Salmonella, and Shigella. The microbiological quality of 125 drinking-water samples was also evaluated using total coliforms, faecal coliforms, and faecal streptococci as indicators. The frequency of isolation of E. coli, Salmonella, Shigella, and C. jejuni was 70%, 5%, 5%, and 2% respectively. The frequent contamination of water and food samples in this study has important implications for the health of children from impoverished communities.

Oluwafemi F, Ibeh IN (2011) conducted astudy on Microbial contamination of weaning foods in Nigeria.Five million children aged less than five years die annually due to diarrhoea. The aim of the study was to identify some possible contributing factors for persistent diarrhoea. The results showed that the locally-made weaning food had the highest microbial count . Growth and development of the infant is rapid, and it is, thus, possible that exposure to aflatoxins in weaning foods might have significant health effects.

2. Knowledge on weaning

Barton SJ(2001)conducted adescriptive study was carried out in U.S.A among low income rural mothers on infant feeding attitudes. The findings revealed that breast feeding mothers need additional support to continue breast feeding beyond the 1ST month. Mothers and grand mothers need education to discourage attitude of early introduction of weaning. Nutrition teaching should be provided.

Lucas (2004) conducted a study on the age of introducing solid foods and consequences associated with early and late weaning. They collected data from 1600 infant mothers and found infants weaned before 12 weeks were heavier at twelve weeks of age, but showed slower gain in weight, length and head circumference between 12 weeks and 18 months, than those weaned after 12 weeks. By eighteen months there were no differences in size between the two groups.

Karim N et.al.(2005) conducted a community based study was carried out on effect of weaning period on nutrition status of children among mothers of 359 children under three in Karachi, Pakistan. Findings showed that malnutrition is of multipleorigin beyond only poverty and food shortage. In appropriate feeding attitudes can result in growth faltering .Programmes should be implemented for education of mothers regarding weaning attitudes.

Kang SA, ShinHJ(2005) et.al conducted a study to investigate the mothers' nutritional knowledge on weaning of 101 infants at a public health center of Incheon. Informations on the mothers' nutritional knowledge were obtained by questionnaires. In this survey 41.6% of infants were breast-feeding, 43.6% of them were bottle-feeding, and 14.9% of them were mixed feeding right after birth. 95.1% of infants (n = 101) began to be weaned 4 to 6 months. 83.1% of infants were fed home-made weaning foods. 66.7% of infants were fed rice gruel, 18.5% of them were fruit juice, 6.2% of them were mixed grain, and 4.9% of them were commercially prepared weaning foods as their first supplementary foods. As main weaning foods, 32.8% of infants were fed vegetable, 30.5% of them were rice gruel, and 27.7% of them were fruit juice. Mothers' nutritional

knowledge related to weaning was significantly higher among mothers of college/university graduate than mothers of high school graduate. 86.1% of mothers disagreed with the questionnaire in which breast-fed infants aged over 4 months needed to be fed iron sufficient food.

Mohammed Khalil (2005), who conducted a study on Assessment of knowledge and weaning practices among mothers of infants. He concluded that weaning practices were not adequate due to a number of reasons including low income of the family, poor educational status, lack of knowledge about how, when, what to give during weaning period.

Appoh LY (2005), conducted a study on maternal nutritional knowledge and child nutritional status; he concluded that mother's practical knowledge about nutrition may be more important than formal maternal education for child nutrition outcome. As indicated in the above mentioned studies, there is a need for more elaborated assessment of knowledge regarding different aspects of weaning practices, which may intern help to get a widened data base on knowledge of weaning practices.

Ijarotimi OS, Ogunsemore MT.(2006) conducted a study was carried out in Nigeria on weaning foods and their impact on child feeding attitudes. A total of 294 low income mothers were interviewed and the results were high proportion of the nursing mothers used local ingredients to formulate weaning foods for their babies.

Aggarwal A et.al(2008) conducted a study on the practice of weaning (CF) in infants 6 month to 2 year, knowledge of mothers regarding CF, and reasons for inappropriate CF practices.CF practices were assessed in children aged 6 months to 2 years using semi-structured questionnaire Cause of inappropriate CF was ascertained by open-ended questions.Among the 200 children studied, 32(16%) were not started on CF at all, and only 35 (17.5%) received CF from 6 months. Of the 168 who were started CF, mean age of starting feeds was 13.37 months. Only 7(3.5%) mothers started CF at proper time, in adequate quantity and with proper consistency. Knowledge of proper timing was

present in 46% of children, adequate quantity in 46.5% and thick consistency in 25.5%. Only 16(8%) mothers had proper knowledge of all three aspects of CF. Knowledge regarding appropriate timing and consistency varied significantly with maternal education and paternal education . CF practices were inappropriate and knowledge inadequate in majority of the children studies.

3. Attitude on weaning

Anderson ASet.al (2001) conducted a study to examine the attitudes and beliefs which influence the timing of introduction to solid food. Five group discussions were undertaken within a maternity hospital setting in 22 primiparous and seven multiparous mothers with babies aged 8–18 weeks. 1/3 of the mothers had introduced solid food to their infants. All mothers know the current recommendations to avoid the introduction of solid food until four months.

Sarwar T.(2002) conducted a study was carried out on infant feeding attitudes among 45 Pakistani mothers in England and 45 mothers of Pakistan. The study revealed that no significance difference between two groups in characteristics of the infant in term of current age, gender distribution birth order of baby and age of weaning. But mothers in Pakistan have more confidence in weaning attitudes than in England because of experiences with other sibling and advice from relatives.

Kruger R, Gericke GJ. (2003) conducted an exploratory qualitative investigation was carried out to determine knowledge and attitude towards nutrition of mothers of children up to 3 years old attending baby clinics in Moretele district, South Africa. Results showed that breast feeding was the choice feed and bottle feeding was only given when breast feeding was impossible. Solids was introduced early and mixed family diet at 7-9 months. Hence the data analysis was revealed that in adequate nutrition knowledge and adherence to cultural attitudes lead to poor quality feeding attitudes.

Mennella JAet.al (2005) conducted a study was carried out on maternal beliefs and attitude related to pregnancy breastfeeding, and infant feeding in several regions of Mexico. A total of 101 women of infants 6 days to 9 months were interviewed. Results revealed that breastfeeding during the first week of life were not exclusive approximately 1/3 of the infants were also fed teas, water. Hence it was concluded that the foods eaten by the mother during pregnancy and lactation form child's weaning pattern.

Al-Jassir MS et.al (2006) conducted a study was conducted on knowledge and attitude towards infant feeding among mothers in Saudi Arabia. Information was collected from 4872 mothersthrough cross sectional survey. Findings showed that approximately 92% fed colostrums to new born but 76.1% had introduced bottle feeding by 3 months. This was significantly related to nationality and education level.

Walker RB et.al(2006) conducted a longitudinal study was described women's views about infant's diet in Adelaide, South Australia. A total of 505 mothers were interviewed. Results showed that (37%) cow's milk was considered as the main drink by 14% of women. The (84%) of women viewed fruit juices as suitable and it was widely believed (77%) that additives in food could cause health problems like allergies Many women thought that giving their child food that was high in fat would encourage a linking for junk food or lead to fatness in adult hood.. Hence it was concluded that mothers need further education to promote health of the infants.

Abdulraheem R, Binns CW.(2007) conducted a cross sectional survey among 251 mothers on infant feeding attitudes of mothers in the Maldives. The findings revealed that full breastfeeding rate at hospital discharge was 93% but declined to 41% at 4 months. 100% at 1 month and 85% were still breast-feeding at 6 that health promotion activities should be directed towards maintaining the health of infants for exclusively breast-fed to 6 months.

Saldiva SR et.al.(2007) was conducted a cross sectional study on feeding attitudes of children aged 6 -12 months and associated maternal factors at Sao Paulo and Brazil. A total of 24,448 mothers were interviewed. The results showed that 50% of the sample were being given breast milk, 77% other types of milk, 63% porridge, 87% fruit, 78% soups, 64% the family meal, 58% meals including beans and 36% soup or meals containing meat. Hence it was concluded that mothers need appropriate guidance on weaning , taking into account age, primi parity, education and employed mothers.

Griffiths LJ et.al (2007) was carried a cohort study out in UK to examine ethnic variations in infant feeding attitudes. A total of 18150 mothers were interviewed. The results showed that 70% of UK mothers started to breast-feed, of whom 62% stopped before 4 months. 36% of UK mothers (34% in England) introduced solids before 4 months.White mothers were more likely to discontinue breast-feeding (62%) and introduce solids early (37%) than most other ethnic minority groups; Socio-economic status was positively associated with breast-feeding. Hence it was concluded that the important geographic, ethnic and social inequalities in breast-feeding continuation and introduction of solids within the UK, many of which have not been reported previously.

4. Variables that influence knowledge and attitude on weaning

Musaiger AO, Abdulkhalek N.(2000) was conducted a study in Baharin to find out the current attitudes of infant feeding and the impact of educational level of the mothers on these attitudes. Total samples of 200 mothers of children less than 2 years were interviewed. The study revealed that the attitude of sound infant feeding was less among highly educated mothers when compared to low and middle education mothers. This is mainly due to socioeconomic factors rather than lack of awareness.

Wright CMet.al.(2004) was carried out a study to examine the age of weaning and how this relates to weight gain and morbidity. Data collected from 923 term infant's mothers. The findings revealed that the age of first weaning was 3-5 months and is due to low socio economic status, the parent's perception that baby was hungry. Weight gain

after 6 weeks was unrelated to age of weaning babies weaned before 3 months compared to after 4 months, had an increased risk ofdiarrhea.

Kalanda BF, Verhoeff FH et.al(2006) conducted a study on Breast and weaning practices in relation to morbidity and growth in Malawian infants to compare growth, morbidity incidence and risk factors for undernutrition between infants receiving weaning practices early, before three months of age, with those receivingweaning foods after three months in a poor rural Malawian community.Over 40% of infants had received weaning foods by two months and 65% by three months. Infants with early weaning practices had lower weight for age at 3 and 6 months , and at 9 months and at 2 months they were approximately 200 g lighter. Early weaning practices was significantly associated with increased risk for respiratory infection and marginally increased risk for eye infection and episodes of malaria. Maternal illiteracy was associated with early weaning .

Liaqat et.al (2007) was conducted a study to examine the association between mothers' education status, weaning attitudesand malnutrition amongst mothers attending out patient clinics in Islamabad. The results revealed that a positive relationship was found between the nutritional status of infants and educational status of mothers .A similar relationship was observed between the educational status of respondents and the introduction of weaning foods at an appropriate age (6 months) ofinfants. Hence it was concluded that mother's education plays aimportant role in nutritional needs of their infants. .

Saldiva SR, Escuder et.al(2007) conducted a study on Feeding habits of children aged 6 to 12 months and associated maternal factors. This was a cross-sectional study analyzing data from the 2004 Breastfeeding and the Municipalities Project, which was implemented in 136 municipalities in the state of São Paulo, Brazil, with 24,448 children. The probability of a 6-month-old child being given soup is elevated (78%), while for the family meal it is low (39%), and the probability of being fed breastmilk is 59%, lower than for other milks (70%) and than for porridge (63%). Associations were observed

between milk-based meals and primiparous mothers, mothers employed outside the home and mothers who had spent longer in education..Excessive consumption was observed of liquid and semi-solid foods, suggesting that appropriate guidance on weaning is needed, taking into account age, primiparity, education and employed mothers.

Alves CRet.al (2008) conducted a study on Risk factors for weaning among users of a primary health care unit in Belo Horizonte, Minas Gerais State, Brazil. Five retrospective longitudinal studies (historical cohorts) were performed with the same questionnaire, and 790 mothers of children less than two years of age were interviewed. The statistical analysis was conducted year-by-year using the Kaplan-Meier method and Cox model. The conditions significantly associated with risk of weaning were: primiparity,unknown uneducated paternal opinion concerning breastfeeding and weaning.

Wijndaele K et.al(2009) conducted a study on association between health risk and initiation of weaning before 4-6 months of age. Six factors for early weaning were identified. Age, education, socio-economic status, duration of breast feeding , smoking, lack of advice.

Tarrant M et.al(2010) conducted a study on the weaning practices of Hong Kong mothers to identify the determinants associated with early cessation. One thousand four hundred and seventeen mother-infant pairs was selectedand followeduntilweaned.Young mothers start weaning early. Mothers with higher education like to start weaning at appropriate time.

CONCEPTUAL FRAMEWORK OF THE STUDY

Conceptual framework is the conceptual underpinning of the study. It isa group of concepts and a set of propositions that spell out the relationship between them.

POLIT and HUNGLER (2000) states that a conceptual framework is interrelated concepts that are assembled together in some rational scheme by virtue of their relevance to common theme. The purpose is to make research meaningful and generalize.

A **conceptual framework** is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The framework is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects. A conceptual framework might, in computing terms, be thought of as a relational model.

The study was aimed at assessing the knowledge and attitude regarding weaning before and after the video teaching program.. The conceptual framework for this study was derived from the concepts of **Danielstuffle beam model (CIPP MODEL)** and was presented in (Fig-1).It is a comprehensive framework for evaluating the programmes.

The Model Include

* Context evaluation
* Input evaluation
* Process evaluation
* Product evaluation

Context Evaluation

Highlights the environment in which the proposed program exists describes the plan for decisions and collection of data apart from providing rationale for determination of objectives .In this study it refers to age, religion, marital status. Educational status, type of occupation, monthly income, type of family, No of children, source of information.

Input Evaluation

Serve as a basis for structuring decision. In this study it refers to existing knowledge and attitude of mothers of infants regarding weaning.

Process Evaluation

Evaluates implementing decisions, involves identifying decision and limitation. In this study it refers to administration of video teaching programmere garding weaning.

Product Evaluation

It refers to energy, information or matter that is transferred to environment and enables recycling of decision as it relates to goals and objectives of input information and process information. In this study it refers to post test knowledge and attitude of mothers of infants regarding weaning.

CHAPTER – III

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the researchproblem. Research methodology has many dimensions and research methods do constitute a part of the research methodology. The scope of research methodology is wider than the research methods. Thus, when we talk of research methods but also consider the logic behind the methods. So that the research results are capable of being evaluated either by researcher himself or by others.

According to Sharma (1990) research methodology involves the systematic procedures by which the research starts from initial identification of the problem to its final conclusion. The roleof methodology consist of procedures and techniques for conducting the study.

This chapter deals with the research approach, research design, setting of the study, population of the study, sample, sampling techniques, criteria for sample selection, inclusion criteria and exclusion criteria, development and description of the tool, pilot study, data collection and plan for data analysis as a part of the study.

RESEARCH APPROACH

The research approach used for this study was an evaluating approach. A pre experimental study, one group pre test, post test method was used to assess the effectiveness of structured video teaching programme on knowledge and attitude of mothers of infants regarding weaning .

RESEARCH DESIGN

The research design is a blue print for conducting the study that maximum control over factors that could interfere with the validity of the findings. It guides the researcher in planning and implementing the study in a way than intended goal (Nancy Burns).

Pre experimental design was used for the study.

Group	Pre Test	Intervention	Post Test
Experiment	X	O	Y

x = Assessment of knowledge and attitude. (Pre test)

o = Structured Video Teaching Programmeon weaning.

y = Assessment of knowledge and attitude. (Post Test)

y-x = Teaching effect

VARIABLES

1. ***Dependent variables:***

   Knowledge and attitude of mothers of infants regarding weaning.

2. ***Independent variables:***

   Structured video teaching programmeon weaning.

3. ***Attributed variables:***

   Age,Religion, Marital status, Educational status, Occupation, Income, Type of family, Number of children, Source of information.

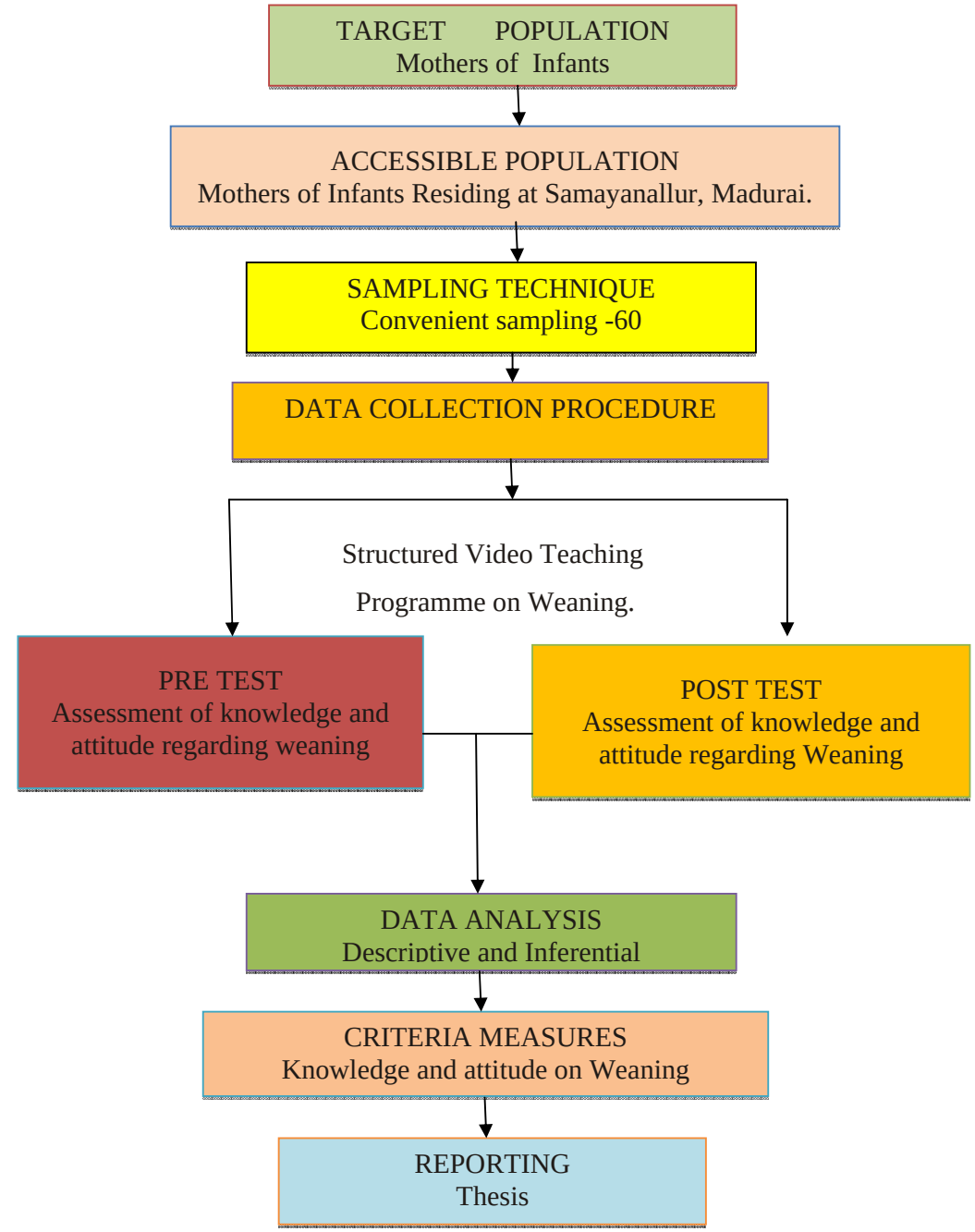

Fig – 2 : DIAGRAMMATIC REPRESENTATION OF RESEARCH DESIGN

SETTING OF THE STUDY

The study was conducted at Samayanallur, Madurai ,considering the proximity, availability of samples and cooperation from the hospital management. The Samayanallur is situated at a distance of 20 km away from Government Rajaji hospital, Madurai.

POPULATION

A population is the entire aggregation of cases in which the researcher is interested (Polit and Hungler 1999). The target population selected for this study was mothers of infants. The accessible population selected for this study was mothers of infants residing at samayanallur, Madurai.

SAMPLE

The sample selected for the present study was 60 mothers of infantsresiding atSamayanallur, Madurai during the period of data collection.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Mothers of infants residing at Samayanallur, Madurai.
- Mothers having 6-12 month infant.
- Mothers who are willing to participate.
- Mothers who can understand Tamil.

Exclusion criteria

- Mothers of infants with other medical problems.
- Mothers who are not available at the time of data collection.
- Mothers who are not willing to participate.
- Mothers who can not understand Tamil.

SAMPLING TECHNIQUE

Sampling is the process of selecting the portion of the population (PolitandHungler). Samples were selected for this study by adopting convenient sampling technique. Convenient sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher. Samples were selected from the mothers of infants residing at samayanallur, Madurai.

DEVELOPMENT OF THE TOOL

The research tool was developed in English and tamil after extensive review of literature and 1 medical expert and 3 nursing expert opinion. The structured self administered multiple choice questionnaire was used as an instrument to assess the knowledge and self administeredfive point rating scale was used to assess the attitude of mothersof infants regarding weaning.

DESCRIPTION OF THE TOOL

The tool consists of three parts

Part-1

It consists of demographic variables of mothers of infants. (Age,Religion, Marital status, Educational status, Occupation, Income, Type of family, Number of children, Source of information.etc)

Part-2

The self administered questionnaire consists of multiple choice questions to assess the knowledge of mothers of infants regarding weaning.

Part -3

The self administeredfive point rating scale to assess the attitude of mothers of infants regarding weaning.

STRUCTURED VIDEO TEACHING PROGRAMME

Structured video teaching program was developed by the researcher after intensive review and experts opinion. It consists of definition, importance, types, methods, preparation of weaning..The time taken to show the video teaching was 30minutes.

SCORING PROCEDURE

Tool-1

The maximum possible score is 25 for 25 items. A score of '1' mark was given for every correct answer and a score of '0' was given to every wrong answer.

For the purpose of study the total score was classified as follows

>75% adequate knowledge

51 -74% moderately adequate knowledge

<50% inadequate knowledge.

Tool-2

The rating scale to assess the attitude of mothers of infants regarding weaning.

For a positive statement highest scores were given (5,4,3,2,1)

For a negative statement scores were reversed (1,2,3,4,5)

For the purpose of study the total score was classified as follows

>75% satisfactory attitude

51-74% moderately satisfactory attitude

<50% unsatisfactory attitude.

VALIDITY AND RELIABILITY

A) VALIDITY OF THE TOOL

HustingsTolsma 1989 stated that content validity is a judgementregarding how well the instrument represents the characteristics to be assessed. Judgments are based on prior research in the field and on the opinion of the experts.

The content of the self administered questionnaire and video teachingprogramme were checked and evaluated by 4 experts including 3 nursing experts, 1medical expert who validated the instrument regarding the adequacy of the content and sequence in framing the questions. Based on their valid suggestions reframing of the instrument was done.

B) RELIABILITY OF THE TOOL

Reliability of the tool concerns its ability to produce similar results when repeated measurements are made under identical conditions (Kenneth and Bordens) Reliability was established through test retest method. The tool was administered to six samples representing the characteristics of the population. After a gap of one week the retest was given. Coefficient correlation score of knowledge and attitude was calculated and found to be reliable r=0.81(Knowledge) and 0.83 (Attitude)

PILOT STUDY

Polit and Hungler (1999) denoted that pilot study is a small scale revision on trial run done in preparation for a major study.Pilot study was conducted at Samayanallur, Madurai afterobtaining the permission from the Block medical officer. Six mothers of infants were selected using convenience sampling.

After getting oral consent from the subjects pre testquestionnaire was administered. Structured video teaching was administered by means of video show to the individual mothers, after 1weeks post test was conducted. The pilot study revealed that the study is feasible. Data was analyzed to find out the suitabilityof the statistical methods.

Sl.No	**Pre-test**			**Experiment**	**Interval**	**Post-test**		
1.	Mothers Per day	No of days	Total	3 days	6 days	Mothers Per day	No of days	Total
	2	3	6			2	3	6

DATA COLLECTION PROCEDURE

The data collection was be done for a period of one month. Permission to conduct the study was obtained from the Deputy Director of Health services and Block medical Officer, samayanallur. The samples were informed by the investigator about the nature and purpose of the study.

After obtaining the oral consent, self administered questionnaire and rating scale were given to the study samples to assess the pretest. After collecting the pretest questionnaire the video teaching on weaning was given. After one weekinterval again the same self administered questionnaire and rating scale was given to the same samples to assess the post test.

The same duration was givento the study samples. All samples were very cooperative and investigator expressed his gratitude for their cooperation .The tool was checked for computation.

Sl.No	**Pre-test**			**Experiment**	**Interval**	**Post-test**		
1.	Mothers Per day	No of days	Total	7 days	7 days	Mothers Per day	No of days	Total
	10	6	60			10	6	60

PLAN FOR DATA ANALYSIS

The demographic variables were analyzed by using descriptive statistics(frequency and percentage) The knowledge and attitude were assessed by using mean and standard deviation. The effectiveness of video teaching programme was assessed by using paired ‘t’ test.

Correlation between knowledge and attitude was assessed by using correlation coefficient. Association between knowledge and attitude of mothers with their selected demographic variables was analyzed by using inferential statistics (chisquare).

ETHICAL CONSIDERATIONS

The study was conducted after the approval of the dissertation committee. Samples were informed about the nature and purpose of the study.Consent was obtained before the collection of samples. Assurance was given to the study samples that the anonymity of each sample would be maintained strictly.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample analysis andinterpretation of the collected data from the mothers of sixty infants with reference to their knowledge and attitude regarding weaning.

According to Denis Polit (2005) analysis is the method of organizing, sorting, and scrutinizing data in such a way that the esearch question can be answered.The analysis and interpretation of the study was based on the data collected through structured multiple choice questionnaire to assess theknowledge and rating scale to assess the attitude of the mothers of infants regarding weaning The result was computed by using descriptive and inferential statistics based on the objectives of the study.The study findings are presented in sections as follows.

SECTION I : Deals with the distribution of the demographic variables of mothers of infants regarding weaning.

SECTION II : Deals with the pretest and post test score of knowledge of mothers of infants regarding weaning

SECTION III : Deals with the pretest and post test score of attitude of mothers of infants regarding weaning

SECTION IV : Deals with the data on the effectiveness of structured video teaching programme in improving the knowledge and attitude of mothers of infants regarding weaning.

SECTION V : Deals with the correlation coefficient between knowledge and attitude of mothers of infants regarding weaning.

SECTION VI : Deals with the association between post test knowledge and attitude of mothers of infants regarding weaning with their selected demographic variables.

SECTION I

Distribution of demographic variables of mothers of infants

Table -1

Frequency and percentage distribution of mothers of infants

S. No.	Demographic Variables	n	%
1.	**Age of the mother**		
	(a) 18-20 years	0	0.0
	(b) 21-25 years	16	26.7
	(c) 26-30 years	34	56.7
	(d) 31-35 years	10	16.7
2.	**Religion**		
	(a) Hindu	44	73.3
	(b) Christian	10	16.7
	(c) Muslim	6	10.0
	(d) Other specify	0	0.0
3.	**Marital status**		
	(a) Married	60	100
	(b) Unmarried	0	0
	(c) Divorced	0	0
	(d) Widow	0	0
4.	**Educational status**		
	(a) No formal education.	8	13.3
	(b) Primary education	20	33.3
	(c) Secondary education	24	40.0
	(d) Graduation and above	8	13.3

5.	**Type of occupation**		
	(a) House wife	28	46.7
	(b) Agriculture	16	26.7
	(c) Labourer	16	26.7
	(d) Skilled worker	0	0.0
6.	**Income of the family per month (In Rupees)**		
	(a) 1500-2000	32	53.3
	(b) 2001-3000	18	30.0
	(c) 3001- 4000	10	16.7
	(d) Above 4000	0	0.0
7.	**Type of family**		
	(a) Nuclear family	40	66.7
	(b) Joint family	20	33.3
	(c) Extended family	0	0.0
8.	**Number of children**		
	(a) One	18	30.0
	(b) Two	38	63.3
	(c) Three	2	3.3
	(d) Above 3	2	3.3
9.	**Source of information**		
	(a) Mass media	18	30.0
	(c) Magazine	28	46.7
	(d) Peer group	14	23.3

Table 1 shows that regard to age, among 60 mothers of infants 16(26.7%) mothers were in the age group of 21-25 years ,34(56.7%) mothers were in the age group 26-30 years and 10(16.7%) mothers were in the age group of 31-35 years.

Regarding Religion, Majority of mothers 44 (73.3%) are hindu ,10 (16.7%) are Christian 6 (10%) are muslims. Regarding marital status , all mothers 60 (100%) are married .

Regarding education of mothers, 8 (13.3%) of mother had no formal education 20 (33.3%) of mothers had primary education, 24 (40%) of mothers had higher secondary education ,8 (13.3%) mothers were graduate.

Regarding type of occupation , 28(46.7%)mothers are House wife,16 (26.7%) mothers are agriculturer, 16 (26.7%)mothers are labourer, none of mother have skilled work.

Regarding income of the family 32(53.3%) of family earn 1500-2000/ month.18(30%) of family earn 2001-3000/ month.10(16.7%) of family earn 3001-4000/month.Regarding the type of family majority 40(66.7%) having nuclear family and 20(33.3%) having joint family.

Regarding number of children 18(30%)of mothershad 1child,38(63.3%) of mothers had two children and 2(3.3%) of mothers had 3 children and 2 (3.3%) of mothers had more than 3 children.

Regarding the previous source of information 18(30%) of mothers received through mass media, 28 (46.7%) received through magazine , 14 (23.3%) received from peer group.

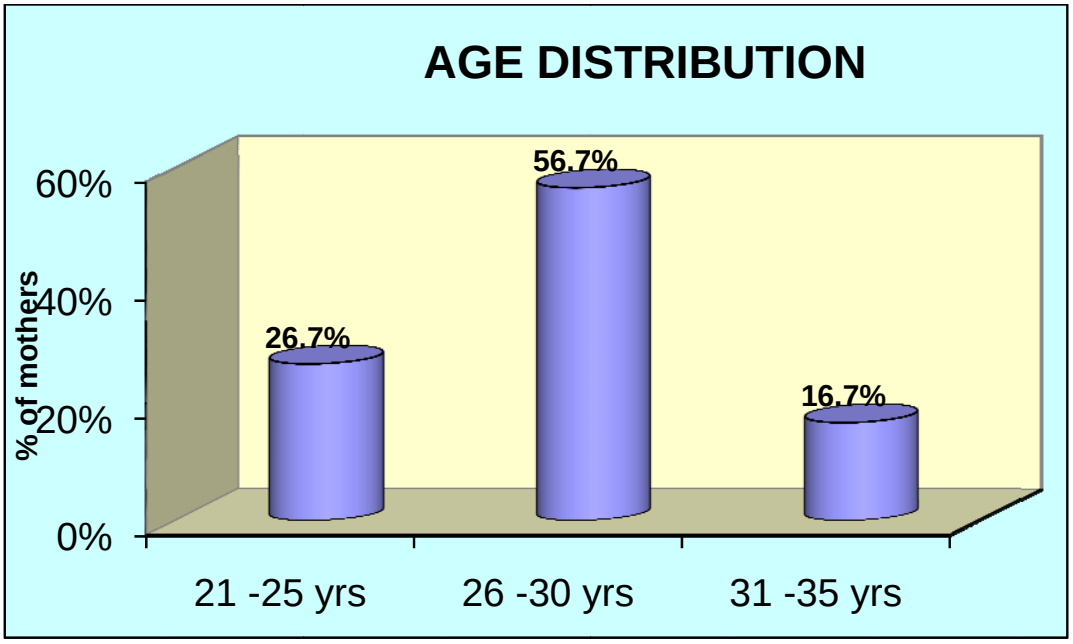

Fig-3:Percentage distribution of mothers according to age

Regard to age, among 60 mothers of infants 16 (26.7%) mothers were in the age group of 21-25 years ,34 (56.7%) mothers were in the age group 26-30 years and 10 (16.7%) mothers were in the age group of 31-35 years

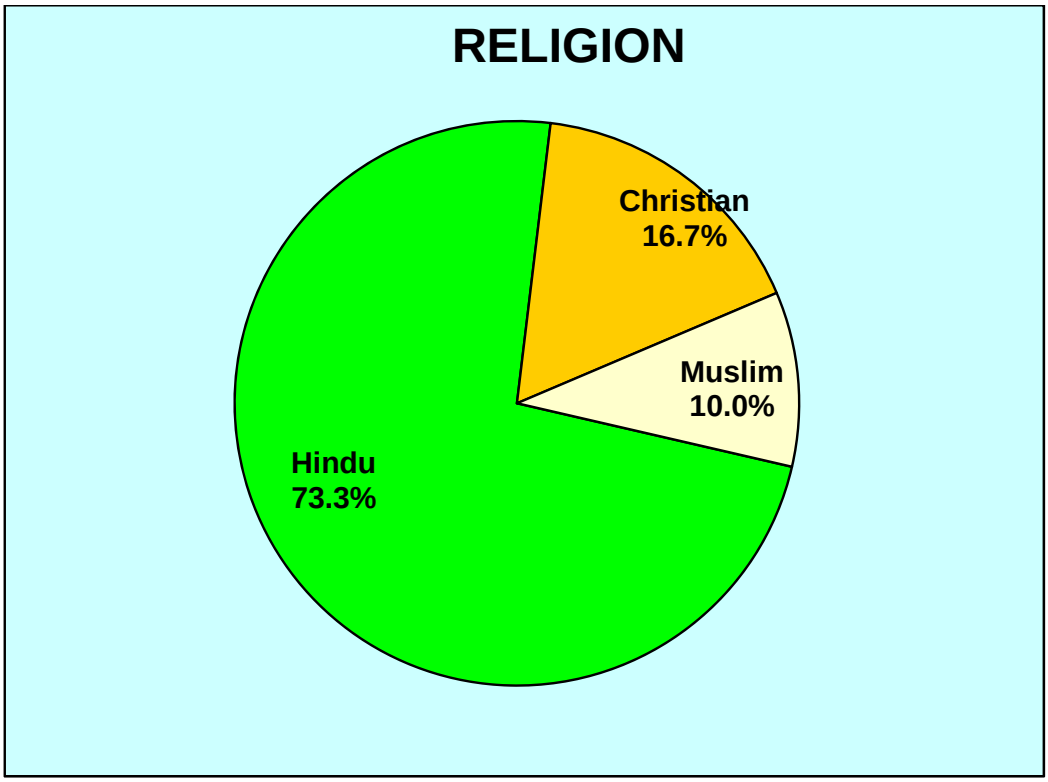

Fig-4:Percentage distribution of mothers according to religion

Regarding Religion, Majority of mothers 44 (73.3%) are hindus,10 (16.7%) are Christian and 6(10%) are muslims.

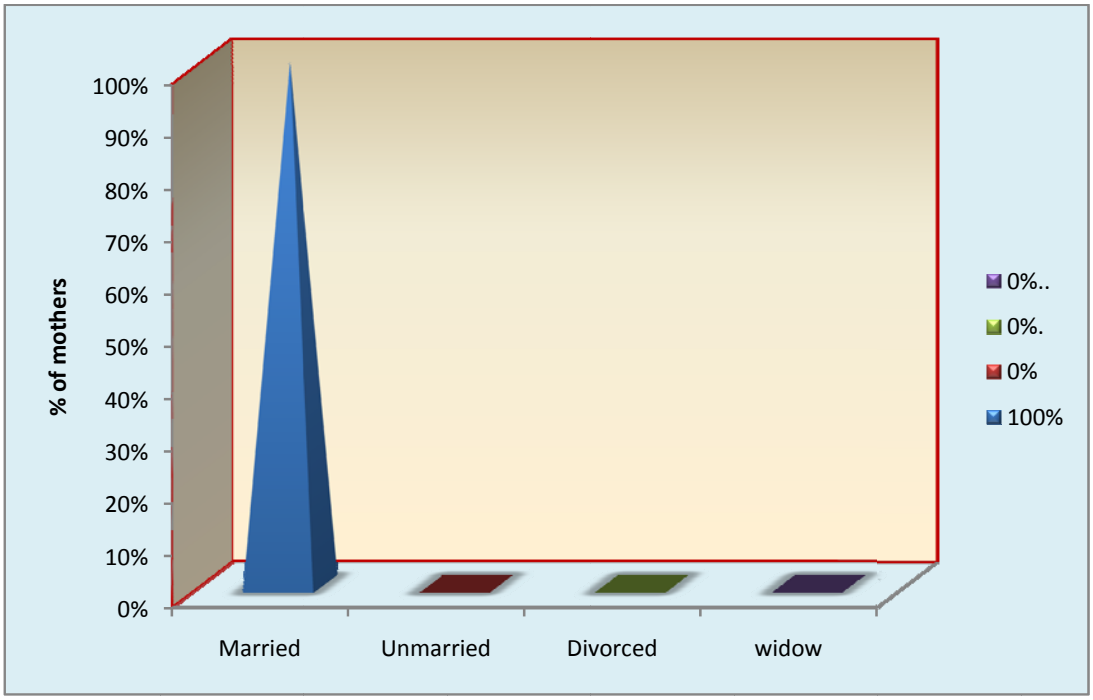

Fig-5:Percentage distribution of mothers according to marital status

Regarding marital status , all mothers 60 (100%) are married .

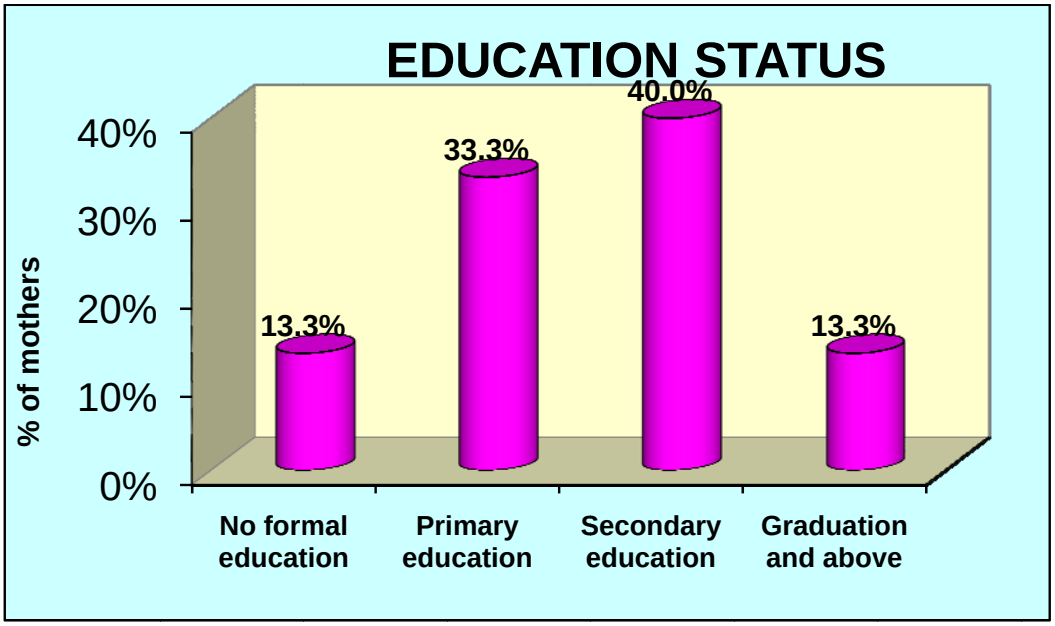

Fig-6:Percentage distribution of mothers according to educational status

Regarding education of mothers,8 (13.3%) of mother had no formal education 20 (33.3%) of mothers had primary education, 24 (40%) of mothers had higher secondary education ,8 (13.3%) mothers were graduate.

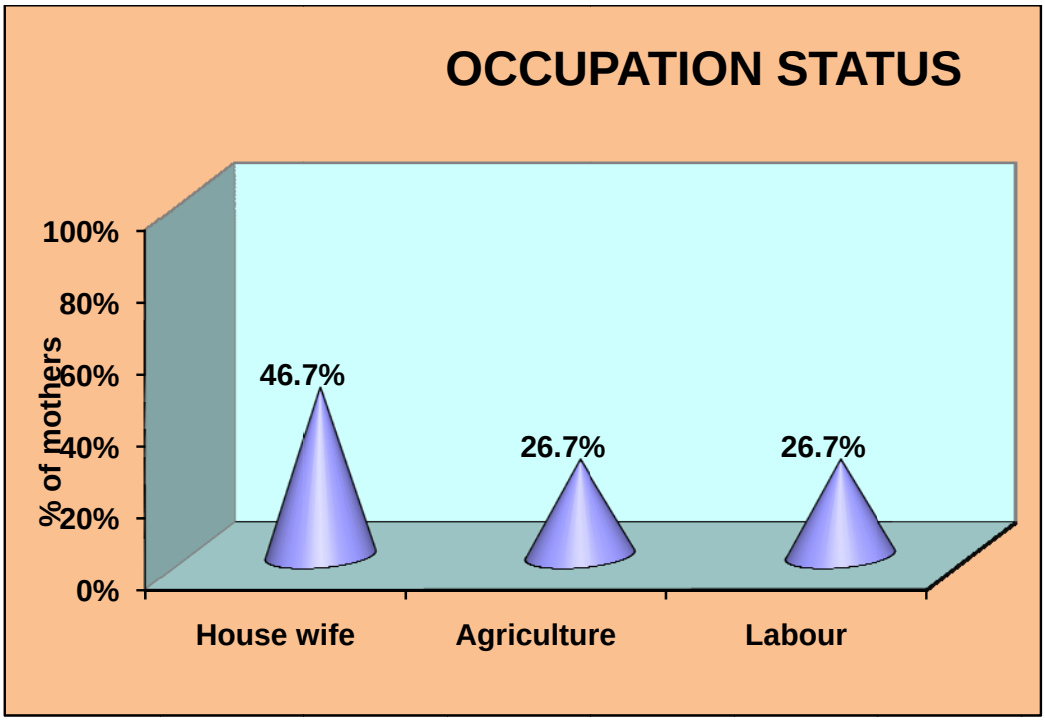

Fig-7:Percentage distribution of mothers according to Occupation

Regarding type of occupation, 28 (46.7%) mothers are House wife,16 (26.7%) mothers are agriculturer, 16 (26.7%) mothers are labourer.

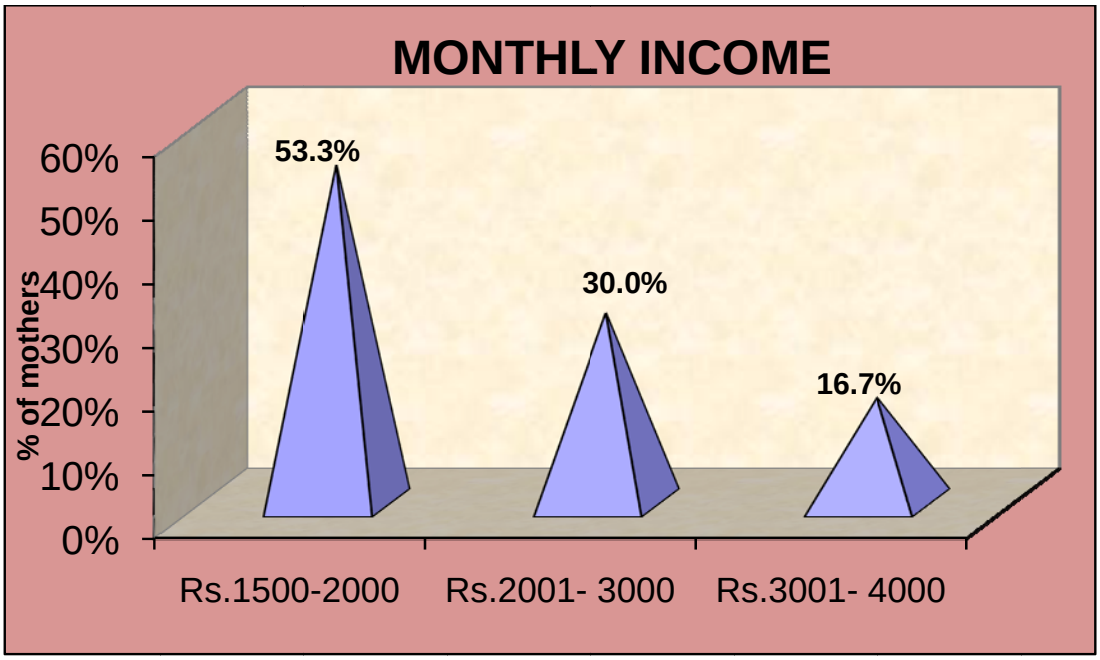

Fig-8:Percentage distribution of mothers according to Income

Regarding income of the family, 32(53.3%) of family earn 1500-2000/ month.18(30%) of family earn 2001-3000/ month.10(16.7%) of family earn 3001-4000/month.

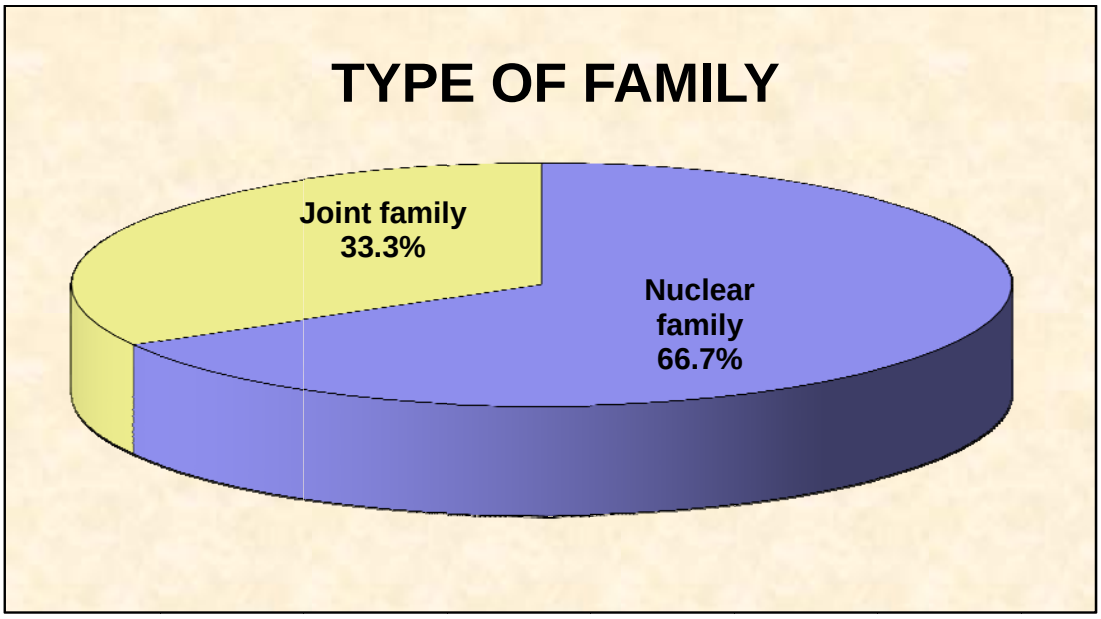

Fig-9:Percentage distribution of mothers according to type of family

Regarding the type of family majority 40 (66.7%) having nuclear family and 20 (33.3%) having joint family.

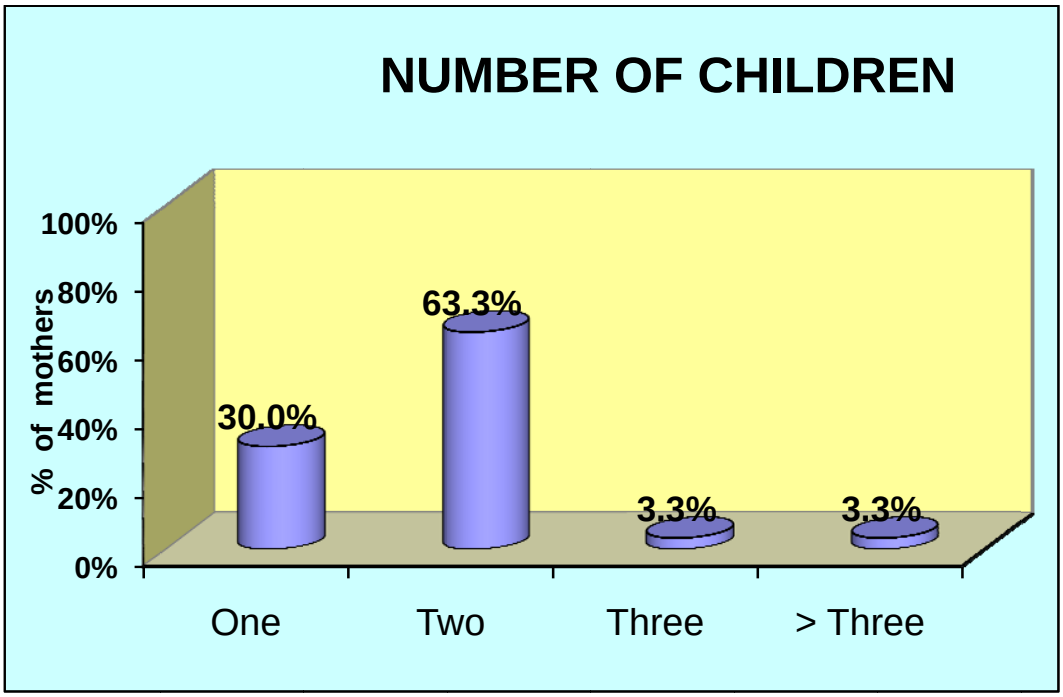

Fig-10:Percentage distribution of mothers according to number of Children

Regarding number of children 18 (30%)of mothers had 1child,38(63.3%) of mothers had two children and 2 (3.3%) of mothers had 3 children and 2 (3.3%) of mothers had more than 3 children.

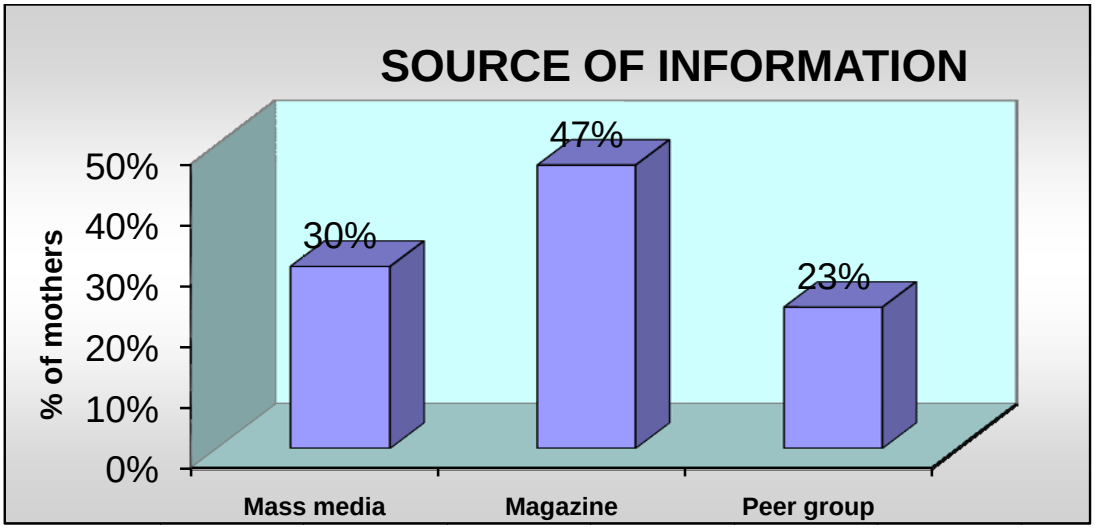

Fig-11:Percentage distribution of mothers according to Source of information

Regarding the previous source of information 18 (30%) of mothers received through mass media, 28 (46.7%) received through magazine , 14 (23.3%) received from peer group.

SECTION II

Deals with the pretest and post test score of knowledge of mothers of infants

Table -2

Frequency and percentage distribution of mothers of infants according to level of knowledge in the pre test and post test.

N=60

SL.NO	Level of Knowledge	Pre test		Post-test	
		n	%	n	%
1	Adequate Knowledge	0	0	46	76.7
2.	Moderately adequate Knowledge	24	40	14	23.3
3.	Inadequate Knowledge	36	60	0	0

Table 2 shows that out of 60 mothers 36(60 %)of mothers had inadequate knowledge, 24 (40%) of mothers had moderately adequate knowledge and none of them had adequate knowledge in the pre test .

In the post test 46(76.7 %) of mothers had adequate knowledge , 14(23.3 %) had moderately adequate knowledge and none of them had inadequate knowledge .

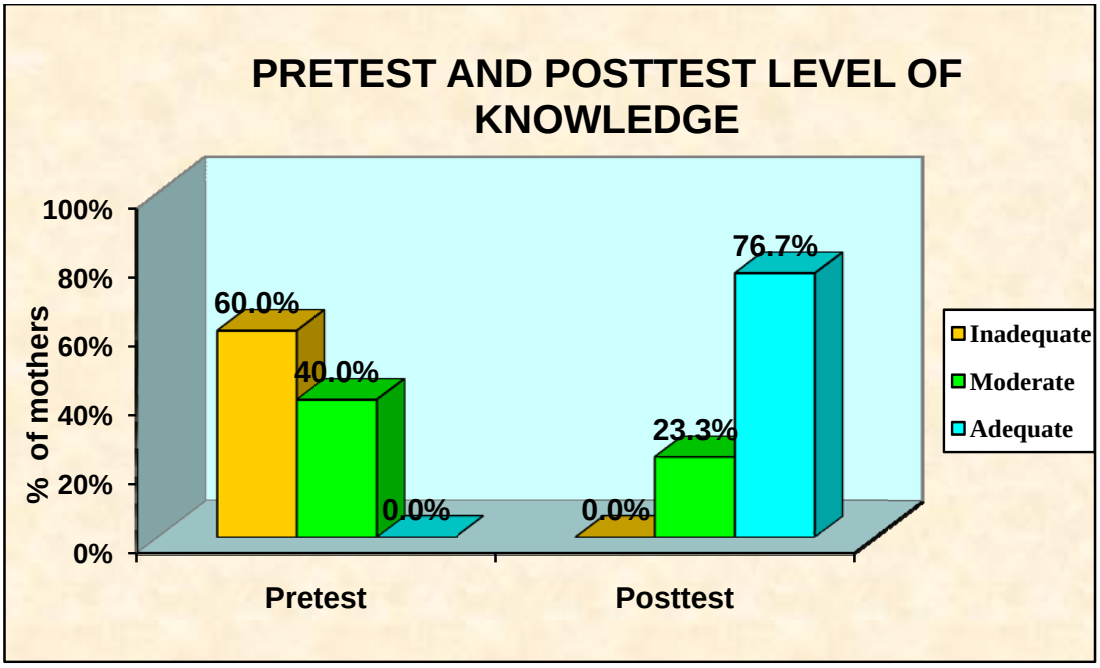

Fig -12:Knowledge on weaning among mothers

It shows that out of 60 mothers 36 (60 %)of mothers had inadequate knowledge, 24 (40%) of mothers had moderately adequate knowledge and none of them had adequate knowledge in the pre test .In the post test 46(76.7 %) of mothers had adequate knowledge , 14 (23.3 %) had moderately adequate knowledge and none of them had inadequate knowledge.

SECTION III

Deals with the pretest and post test score of attitude of mothers of infants.

Table-3

Frequency and percentage distribution of mothers of infants according to the level of attitude in the pre test and post test.

N = 60

SL.NO	Level of attitude	Pre test		Post-test	
		n	%	n	%
1.	Satisfactory Attitude	0	0	44	73.3
2.	Moderately Satisfactory attitude	22	36.7	16	26.7
3.	Unsatisfactory Attitude	38	63.3	0	0

The data presented in table 3 shows that out of 60 mothers 38(63.3 %) of mothershadUnsatisfactoryattitude, 22(36.7 %) of mothers had Moderately satisfactory attitude and none of them had Satisfactoryattitude in the pre test .

In the post test 44(73.3 %) of mothers had Satisfactoryattitude, 16(26.7 %) had Moderately Satisfactoryattitude and none of them had Unsatisfactory attitude.

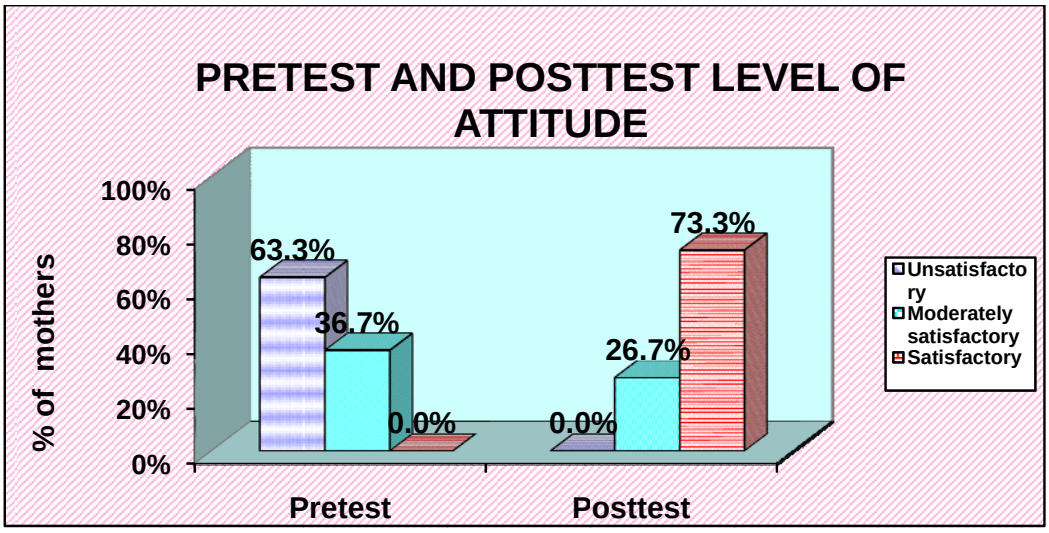

Fig -13: Attitude on weaning among mothers

It shows that out of 60 mothers 38(63.3 %) of mothers had Unsatisfactory attitude, 22(36.7 %) of mothers had Moderately satisfactory attitude and none of them had Satisfactory attitude in the pre test .In the post test 44(73.3 %) of mothers had Satisfactoryattitude, 16(26.7 %) had Moderately Satisfactoryattitude and none of them had Unsatisfactory attitude.

SECTION IV

Data on the effectiveness of structured video teaching programme on knowledge and attitude regarding weaning

Table 4

Mean, SD and 't' value of knowledge regarding weaning among mothers of infants

N = 60

S.No:	Variables	Mean	SD	't' Value
1	Pre Test Knowledge	12.37	1.38	33.28 P=0.001*** DF=58
2	Post Test Knowledge	20.57	1.72	

* significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Table No.4 shows that Considering the knowledge aspect, in pretest they scored 12.37 out of 25 score after video assisted teaching they are scored 20.57 . So the difference is 8.2. This difference is large and statistically significant difference . Comparison of pretest and posttest score was analysed using student's paired t-test. The obtained 't' value 33.28 was highly significant at 0.001 level. Hence the stated hypothesis was accepted.

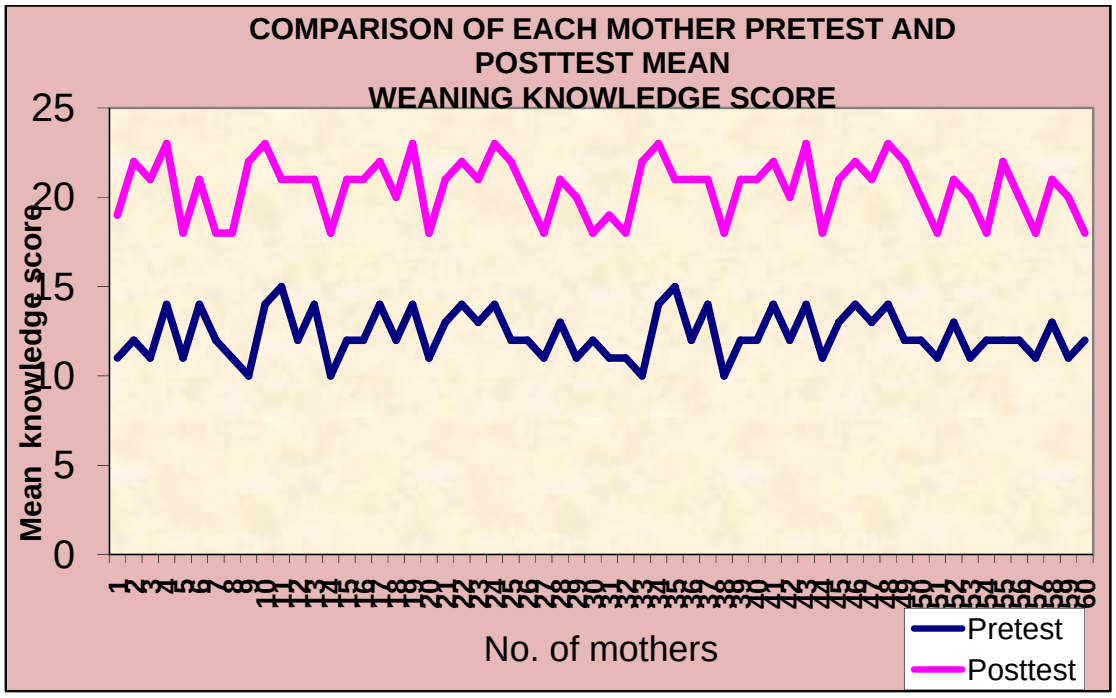

Fig -14: Comparison of each mother pretest and posttest mean weaning knowledge score

Considering the knowledge aspect, in pretest they scored 12.37 out of 25 score after video assisted teaching they are scored 20.57 . So the difference is 8.2. This difference is large and statistically significant difference .

Table 5

Mean , SD and 't' value of attitude regarding weaning among mothers of infants

N = 60

S.No:	Variables	Mean	SD	't' Value
1	Pre Test Attitude	48.23	3.58	68.45 P=0.001*** DF=58
2	Post Test Attitude	80.07	4.04	

* significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Table No.5 shows that Considering the attitude aspect, in pretest they scored 48.23 out of 100 score after video assisted teaching they are scored 80.07. So the difference is 31.84. This difference is large and statistically significant difference . Comparison of pretest and posttest score was analysed using student 's paired t-test. The obtained 't' value 68.45 was highly significant at 0.001 level. Hence the stated hypothesis was accepted.

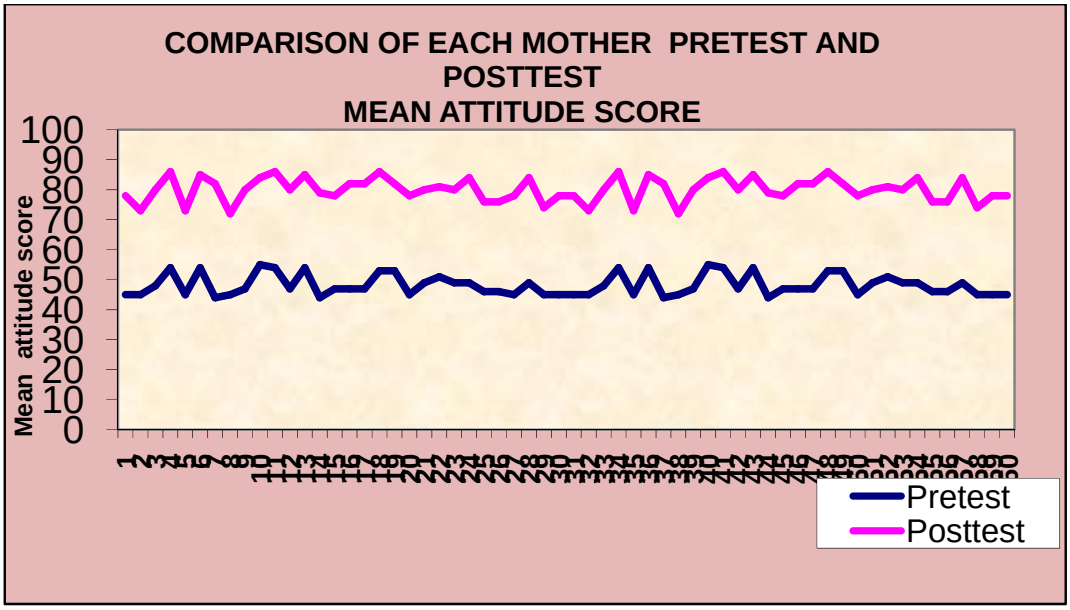

Fig -15: Comparison of each motherwise pretest and posttest mean attitude score

Considering the attitude aspect, in pretest they scored 48.23 out of 100 score after video assisted teaching they are scored 80.07. So the difference is 31.84. This difference is large and statistically significant difference .

Table 6

EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME

	Pretest	Posttest	% of Difference
Knowledge	49.5%	82.3%	32.8%
Attitude	48.2%	80.1%	32.0%

Table no 6 shows the effectiveness of structured video teaching programme on weaning Considering the overall score, mothers are improved 32.8% of weaning knowledge and 32% of attitude on weaning after the structured video teaching programme.This percentage of gain is the net benefit of this study, which indicates the effectiveness of study.

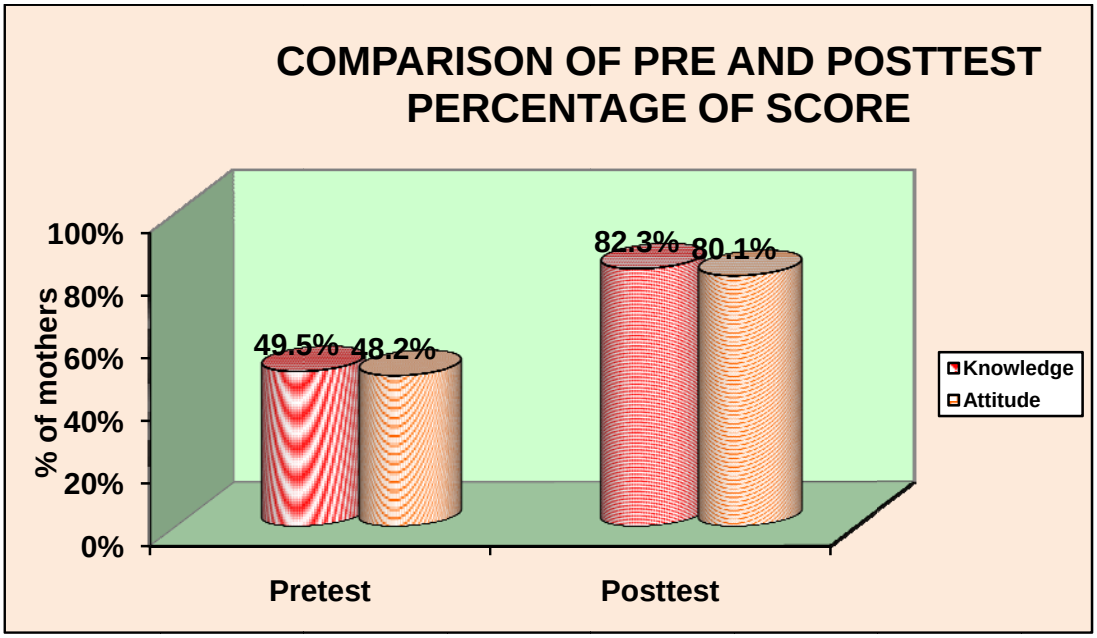

Fig 16:Comparison of pre and posttestpercentage of score

It shows the effectiveness of structured video teaching programme on weaning Considering the overall score, mothers are improved 32.8% of weaning knowledge and 32% of attitude on weaning after the structured video teaching programme.

SECTION V

Data on the relationship between the pre test and post test knowledge and attitude of mothers of infants

Table -7

Mean , standard deviation, 'r' value of knowledge and Attitude regarding weaning among mothers of infants.

N = 60

Sl.No	Variables	Knowledge		attitude		r value
		Mean	SD	Mean	SD	
1.	Pre test	12.37	1.38	48.23	3.58	**0.19 P=0.11**
2.	Post test	20.57	1.72	80.07	4.04	**0.44 P=0.001*** **

* significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Table 7 Reveals that, the pre test knowledge score 12.37,standard deviation 1.38 and attitude score 48.23, standard deviation 3.58 has poor Correlation. Since the obtained r value is 0.19. It means, when knowledge increases their attitude also increases poorly.

The post test knowledge score 20.57,standard deviation 1.72 and attitude score 80.07, standard deviation 4.04 has a significant moderate correlation since the obtained 'r' value is 0.44. It means, when knowledge increases their attitude also increases moderately The above findings supports the research hypothesis.

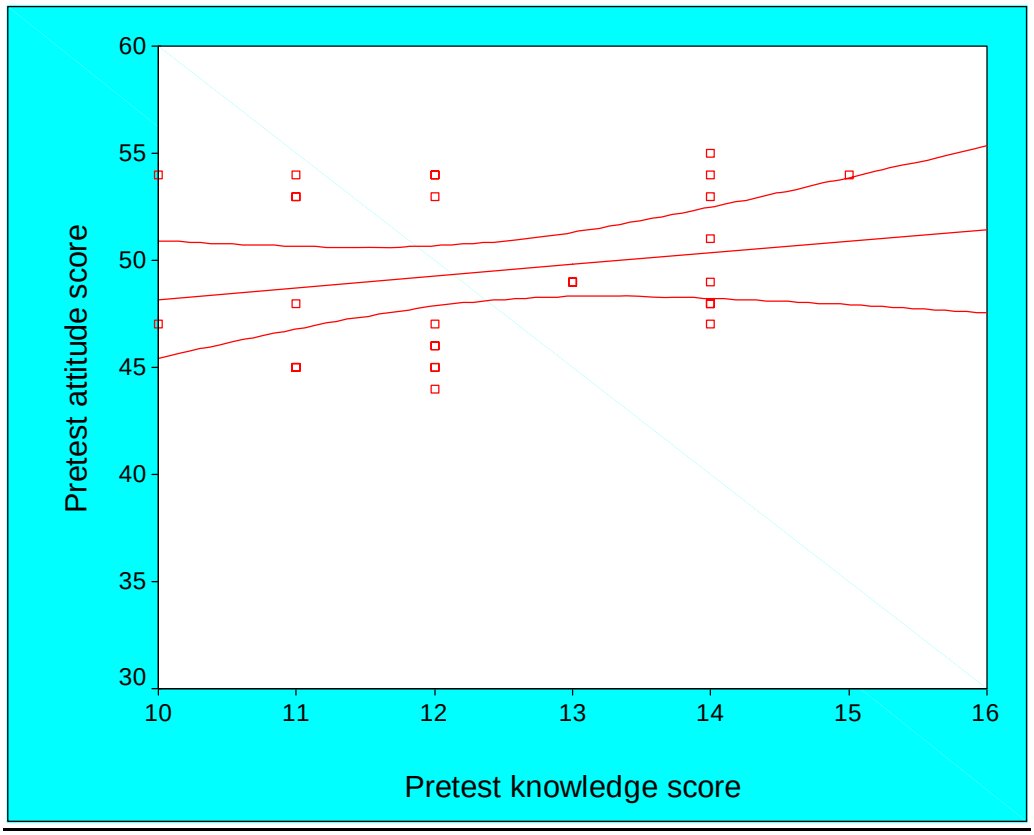

Fig 17: Scatter Plot with regression estimate shows there is a poor correlation between pretest knowledge score and pretest attitude score among infants mothers on weaning.

It shows that pre test knowledge score 12.37,standard deviation 1.38 and attitude score 48.23, standard deviation 3.58 has poor Correlation. Since the obtained r value is 0.19. It means, when knowledge increases their attitude also increases poorly.

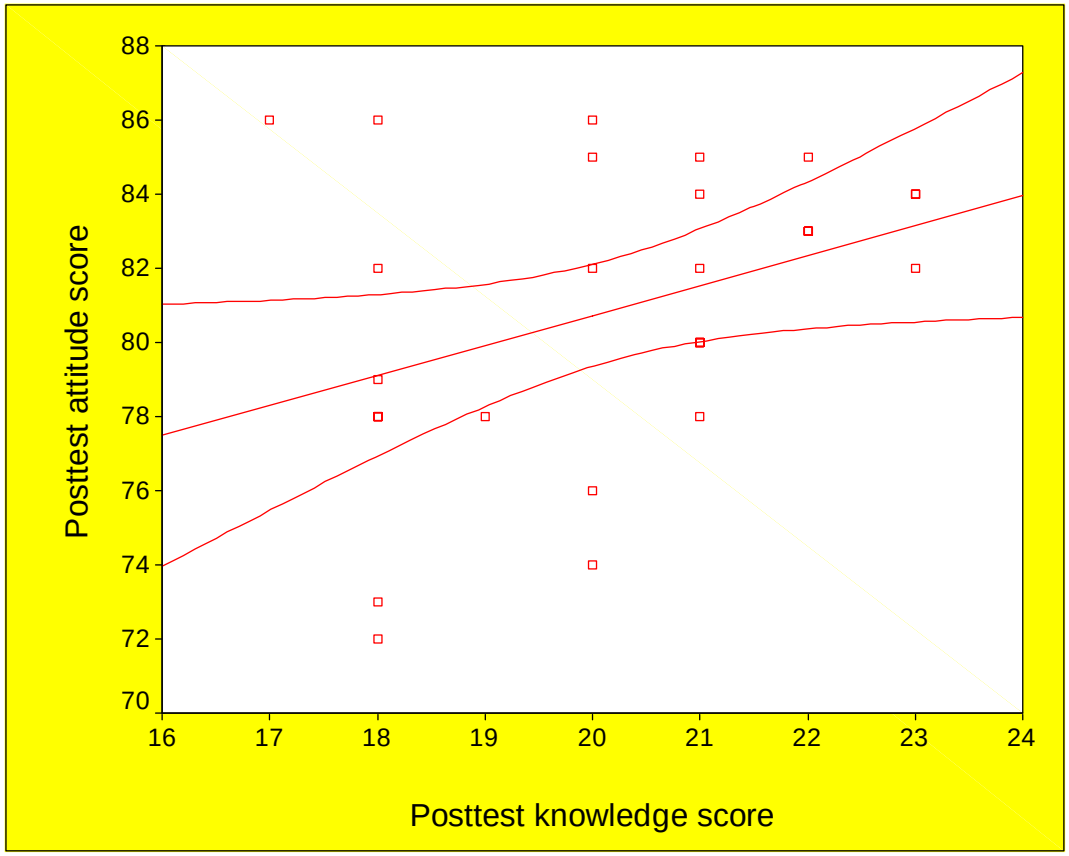

Fig 18: Scatter Plot with regression estimate shows there is a moderate positive correlation between posttest knowledge score and posttest attitude score among infants mothers on weaning.

It shows that the post test knowledge score 20.57,standard deviation 1.72 and attitude score 80.07, standard deviation 4.04 has a significant moderate correlation since the obtained 'r' value is 0.44. It means, when knowledge increases their attitude also increases moderately.

Interpretation for r-value:

Pearson correlation coefficient is denoted by "r"

"r" always lies between -1 to +1

0.0 – 0.2 poor correlation

0.2 – 0.4 fair correlation

0.4 – 0.6 moderate correlation

0.6 – 0.8 good correlation

0.8 – 1.0 strong correlation

SECTION VI :Data on the association between post test knowledge and attitude of mothers of infants regarding weaning with their selected demographic variables.

Table -8

Frequency, percentage and x² distribution of knowledge among mothers ofinfants

Demographic variables		Posttest level of knowledge				Total	Pearson χ2test/ Yates corrected χ2test
		Moderate		Adequate			
		n	%	n	%		
Age	< 25 yrs	10	62.5%	6	37.5%	16	**χ2=18.70 P=0.001*** DF=1 significant**
	> 25 yrs	4	9.1%	40	90.9%	44	
Religion	Hindu	10	22.7%	34	77.3%	44	χ2=0.03 P=0.85 DF=1 not significant
	Christian/ muslim	4	25.0%	12	75.0%	16	
Educational status	No formal /primary education	12	42.9%	16	57.1%	28	**χ2=11.20 P=0.01**DF=1 significant**
	Secondary /graduate	2	6.3%	30	93.7%	32	
Type of occupation	House wife	4	14.3%	24	85.7%	28	χ2=2.40 P=0.12 DF=1 not significant
	Agriculture /labour	10	31.3%	22	68.8%	32	
Monthly income	Rs.1500-2000	6	18.8%	26	81.3%	32	χ2=0.80 P=0.36 DF=1 not significant
	> Rs.2000	8	28.6%	20	71.4%	28	
Type of family	Nuclear family	12	30.0%	28	70.0%	40	χ2=2.98 P=0.08 DF=1 not significant
	Joint family	2	10.0%	18	90.0%	20	
Number of children	One child	8	55.6%	10	55.6%	18	**χ2=6.40 P=0.01** DF=1 significant**
	> One child	6	14.3%	36	85.7%	42	
Source of information	Mass media/ Magazine	9	19.6%	37	80.4%	46	χ2=1.56 P=0.21DF=1 not significa**nt**
	Peer group	5	35.7%	9	64.3%	14	

To find out the association between the knowledge of mothers of infants regarding weaning andtheir selected demographic variables the null hypothesis was stated as follows.

H04- There will be no significant association between the knowledge of mothers of infantswith their selected demographic variables.

The association between knowledge score of mothers and their religion the obtained x^2 value (0.03)p=0.85 was not significant at 0.05 level.The association between knowledge score of mothers and their type of occupation the obtained x^2value (2.40)p=0.12 was not significant at 0.05 level .The association between knowledge score of mothers and their income the obtained x^2value (0.80)p=0.36 was not significant at 0.05 level. The association between knowledge score of mothers and their type of family the obtained x^2value (2.98)p=0.08 was not significant at 0.05 level. The association between the knowledge score of mothers of infants and source of information the obtained x^2 value 1.56 p=0.21 was not significant.

This shows that there was no association between post test knowledge regarding weaning among mothers of infants with their selected demographic variables like religion, marital status, type of occupation, income of the family, type of family and source of information .So the researcher has accepted the null hypothesis.

The association between the post test knowledge score of mothers of infants and age the obtained x^2 value 18.70 p=0.001 wassignificant. The association between the knowledge score of mothers of infants and education the obtained x^2 value 11.20p=0.001was significant. The association between the knowledge score of mothers of infants and their number of children the obtained x^2 value 6.40 p=0.01was significant.

This shows that there was an association between knowledge of mothers of infantsregarding weaning with their age and education, number of children. Hence the researcher has rejected the null hypothesis and accepted the research hypothesis.

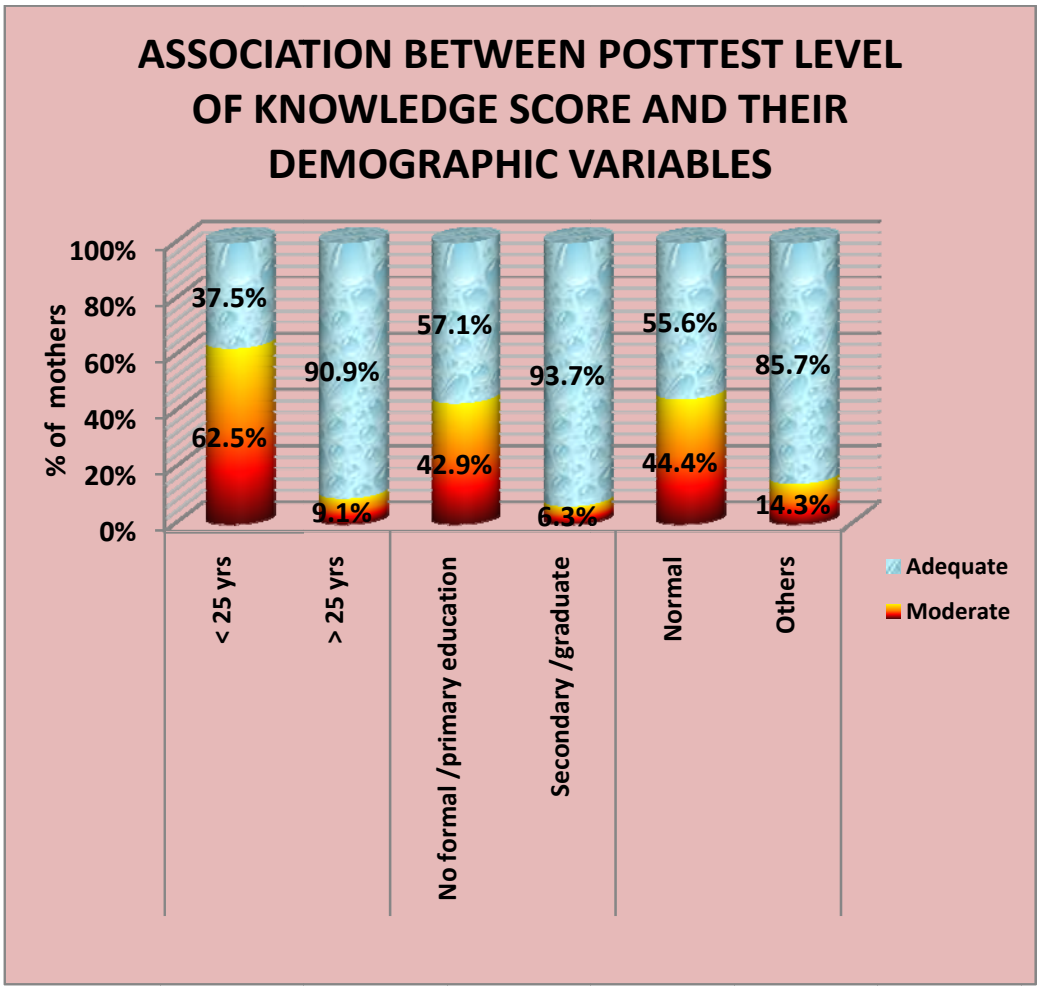

Fig 19:Association between posttest level of knowledge score and their demographic variables

It shows that there was an association between knowledge of mothers of infants regarding weaning with their age, education and number of children.

Table 9

Frequency, percentage and x² distribution of Attitude among mothers of infants

Demographic variables		Posttest level of attitude				Total	Pearson χ2test/ Yates corrected χ2test
		Moderately satisfactory		Satisfactory			
		n	%	n	%		
Age	< 25 yrs	10	62.5%	6	37.5%	16	**χ2=14.32 P=0.001*** DF=1 significant**
	> 25 yrs	6	13.6%	38	86.4%	44	
Religion	Hindu	10	22.7%	34	77.3%	44	χ2=1.30 P=0.25 DF=1 not significant
	Christian/ muslim	6	37.5%	10	62.5%	16	
Educational status	No formal /primary education	12	42.8%	16	57.2%	28	**χ2=7.04 P=0.01**DF=1 significant**
	Secondary /graduate	4	12.5%	28	87.5%	32	
Type of occupation	House wife	10	35.7%	18	64.3%	28	χ2=2.20 P=0.14 DF=1 not significant
	Agriculture/ labour	6	18.8%	26	81.3%	32	
Monthly income	Rs.1500-2000	11	34.3%	21	65.7%	32	χ2=2.08 P=0.15 DF=1 not significant
	> Rs.2000	5	17.8%	23	82.2%	28	
Type of family	Nuclear family	8	20.0%	32	80.0%	40	χ2=2.72 P=0.12 DF=1 not significant
	Joint family	8	40.0%	12	60.0%	20	
Number of children	One child	10	55.6%	8	44.4%	18	**χ2=10.96 P=0.001*** DF=1 significant**
	> One child	6	14.2%	36	85.8%	42	
Source of information	Mass media/ Magazine	10	21.7%	36	78.3%	46	χ2=2.44 P=0.13 DF=1 not significant
	Peer group	6	42.9%	8	57.1%	14	

To find out the association between the post test attitude of mothers of infants regarding weaning and selected demographic variables the null hypothesis was stated as follows.

H05- There will be no significant association between the post test attitude of mothers of infants with their selected demographic variables.

The association between attitude score of mothers and their religion the obtained. x^2 value (1.30) p=0.25 was not significant at 0.05 level. The association between attitude score of mothers and their type of occupation the obtained x^2 value (2.20) p=0.14 was not significant at 0.05 level . The association between attitude score of mothers and their income the obtained x^2 value (2.08) p=0.15 was not significant at 0.05 level. The association between attitude score of mothers and their type of family the obtained x^2 value (2.72) p=0.12was not significant at 0.05 level. The association between the attitude score of mothers of infants and source of information ,the obtained x^2 value(2.44) p=0.13 was not significant.

This shows that there was no association between attitude regarding weaning among mothers of infants with their selected demographic variables like religion, maritalstatus,occupation, income, type of family, source of information.So the researcher has accepted the null hypothesis.

The association between attitude score of mothers and their age the obtained x^2 value (14.32) p=0.001 was significant at 0.001 level. The association between the attitude score of mothers of infants and educational status the obtained x^2 value (7.04) p=0.01 was significant . The association between attitude score of mothers and number of children , the obtained x^2value (10.96) p=0.001wassignificant at 0.001 level. This shows that there was an association between post test attitude of mothers of infants with their age, educational status and number of children. Hence the researcher has rejected the null hypothesis and accepted the research hypothesis.

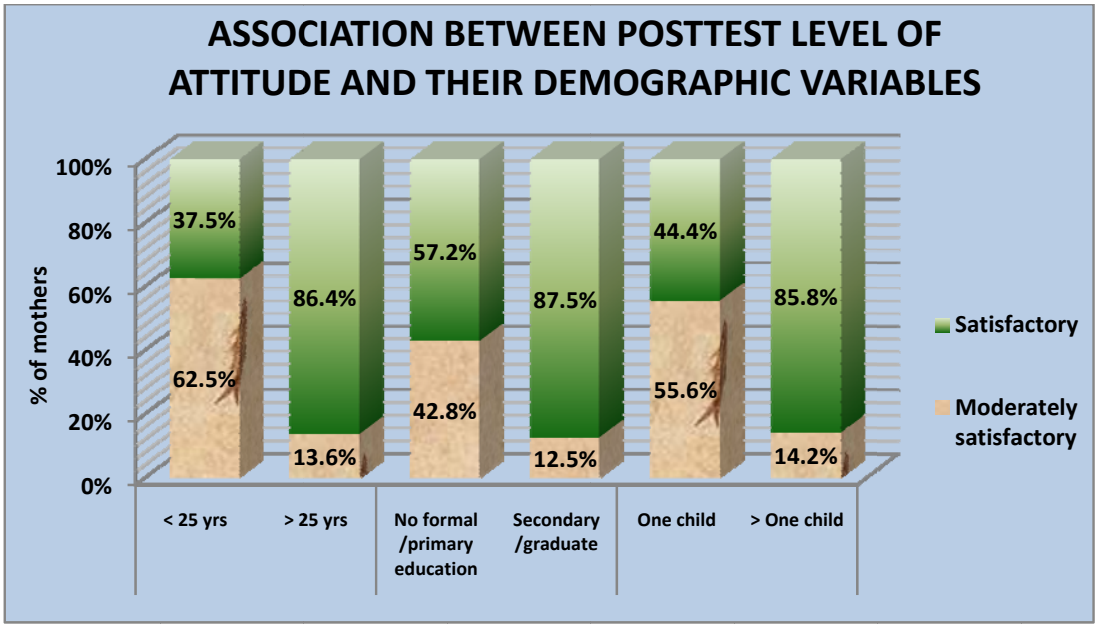

Fig 20 :Association between posttest level of attitude and their demographic variables

This shows that there was an association between post test attitude of mothers of infants with their age, educational status and number of children.

CHAPTER V

DISCUSSION

The aim of present study was to evaluate the effectiveness of structured video teaching programme on knowledge and attitude regarding weaning among mothers of infants residing atSamayanallur, Madurai.. The study was conducted by using pre experimental design. The mothers of infants from 6 to 12 month were selected as the samples for the study. The sample size was 60.

The self administered multiple choice questionnaire and rating scale were used to assess the knowledge and attitude regarding weaning The response were analyzed through descriptive statistics (mean, frequency, percentage and standard deviation) and Inferential statistics (correlation coefficient, paired 't' test and chi square). The findings of the study have been discussed with reference to the objectives and hypothesis and with the findings of other studies. The data is organized, analyzed and presented.

The first objective of the present study was to assess the knowledge ofmothers of infants regarding weaning. The present study findings revealed that out of 60 mothers 36(60 %) had inadequate knowledge, 24 (40%) of mothers had moderately adequate knowledge and none of them had adequate knowledge in the pre test . In the post test 46(76.7 %) of mothers had adequate knowledge , 14 (23.3 %) had moderately adequate knowledge and none of them had inadequate knowledge .

This finding is consistent with the findings of **Mohammed Khalil** (2005), who conducted a study on Assessment of knowledge and weaning practices among mothers of infants. He concluded that weaning practices were not adequate due to a number of reasons including low income of the family, poor educational status, lack of knowledge about how, when, what to give during weaning period .

This finding was supported by **Appoh LY** (2005), conducted a study on maternal nutritional knowledge and child nutritional status; he concluded that mother's practical knowledge about nutrition may be more important than formal maternal education for child nutrition outcome. As indicated in the above mentioned studies, there is a need for more elaborated assessment of knowledge regarding different aspects of weaning practices, which may intern help to get a widened data base on knowledge of weaning practices.

The second objective of the study was to assess the attitude of mothers regarding weaning.The data presented in table 3 shows that out of 60 mothers 38(63.3 %) hadunsatisfactoryattitude, 22(36.7 %) of mothers had moderately satisfied attitude and none of them had satisfied attitude in the pre test .In the post test 44 (73.3 %) of mothers had satisfied attitude, 16 (26.7 %) had moderately satisfied attitude and none of them had unsatisfied attitude.

This finding is consistent with the findings of**AlJassir (2006)**conducted a study on mothers' attitude towards infant feeding practices andfound that solid foods tended to be introduced late because of age, educational status ofthe mother and nationality. Hence, there is a need to focus the attention towardseducating the community.

This finding was supported by **Kruger R, Gericke GJ. (2003)** conducted an exploratory qualitative investigation was carried out to determine knowledge and attitude towards nutrition of mothers of children up to 3 years old attending baby clinics in Moretele district, South Africa. Results showed that Solids was introduced early and mixed family diet at 7-9 months. Hence the data analysis was revealed that in adequate nutrition knowledge and adherence to cultural attitudes lead to poor quality feeding attitudes.

The third objective was to evaluate the effectiveness of structured videoteachingprogramme on knowledge and attitude regarding weaning. The present study indicated that the post test mean value (20.57) of knowledge was higher than the pretest mean value (12.37) among mothers of infants. The obtained 't' value 33.28 which was highly significant at 0.001 level ($P \leq 0.001$). Hence the stated hypothesis was accepted.

The post test mean value (80.07) of attitude was higher than the pre test mean value (48.23) among mothers of infants. The obtained 't' value 68.45 was highly significant at 0.001 level (P≤0.001). Hencethe stated hypothesis was accepted .The structured video teaching programmewas effective in imparting the knowledge and attitude to mothers regarding weaning.

These findings were consistent with the study done by **Shi L, Zhang .J(2011)** conducted a study on inappropriate weaning practices have been identified as the major causes of malnutrition in young children in developing countries. The purpose of this study was to provide evidence from published studies in the past decade on the effectiveness of educational intervention programs on improving weaning practices in the developing world.

Evidence from these studies supports that educational intervention can effectively improve weaning practices and child nutrition and growth. The intervention should be culturally sensitive, accessible and integrated with local resources.

The fourth objective was to find out the relationship between knowledge and attitude regarding weaning among mother of infants. Table 7 Reveals that, the pre test knowledge score 12.37,standard deviation 1.38 and attitude score 48.23, standard deviation 3.58 has poor Correlation. Since the obtained r value is 0.19. It means, when knowledge increases their attitude also increases poorly. The post test knowledge score 20.57,standard deviation 1.72 and attitude score 80.07, standard deviation 4.04 has a significant moderate correlation since the obtained 'r' value is 0.44. It means, when knowledge increases their attitude also increases moderately The above findings supports the research hypothesis.This shows that efforts can be undertaken to educate the community regarding weaning practices.

The fifth objective was to determine the association between the posttest knowledge among mothers of infants regardingweaning with their selected demographic variables. It revealed that there was a significant association between knowledge of mothers with their Age ($x^2 = 18.70$ p=0.001) and education ($x^2 = 11.20$ p=0.001) and number of children(x^2=6.40 p=0.01) . There was no significant

association between the knowledge with their religion, marital status,type of occupation, income of the family, type of family and source of information.

These findings was supported by a study conducted by**Kalanda BF, Verhoeff FH et.al(2006)** on Breast and weaning practices in relation to morbidity and growth in Malawian infants to compare growth, morbidity incidence and risk factors for undernutrition between infants receiving weaning practices early, before three months of age, with those receiving weaning foods after three months in a poor rural Malawian community.. Early weaning practices was significantly associated with increased risk for respiratory infection and marginally increased risk for eye infection and episodes of malaria. Maternal illiteracy was associated with early weaning .

These findings were consistent with the study done by**Alves CRet.al (2008)** on Risk factors for weaning among users of a primary health care unit in Belo Horizonte, Minas Gerais State, Brazil. Five retrospective longitudinal studies (historical cohorts) were performed with the same questionnaire, and 790 mothers of children less than two years of age were interviewed. The statistical analysis was conducted year-by-year using the Kaplan-Meier method and Cox model. The conditions significantly associated with risk of weaning were: primiparity,unknown uneducated paternal opinion concerning breastfeeding and weaning.

These findings was supported by a study conducted by **Tarrant M et.al(2010)** on the weaning practices of Hong Kong mothers to identify the determinants associated with early cessation. One thousand four hundred and seventeen mother-infant pairs was selected and followeduntilweaned. Young mothers start weaning early. Mothers with higher education like to start weaning at appropriate time.

The sixth objective was to determine the association between the post testattitude among mothers of infants regardingweaning with their selected demographic variables. It revealed that there was a significant association between attitude of mothers with their Age ($x^2 = 14.32$ p=0.001) and education ($x^2 = 7.04$ p=0.01) and number of children(x^2=10.96 p=0.001) .

These was no significant association between the attitude with their religion, marital status,type of occupation, income of the family, type of family and source of information.

These findings were consistent with the study done by **Liaqat et.al (2007)** was conducted a study to examine the association between mothers' education status, weaning attitudesand malnutrition amongst mothers attending out patient clinics in Islamabad. The results revealed that a positive relationship was found between the nutritional status of infants and educational status of mothers . A similar relationship was observed between the educational status of respondents and the introduction of weaning foods at an appropriate age (6 months) of infants .Hence it was concluded that mother's education plays a important role in nutritional needs of their infants..

These findings was supported by a study conducted by **Saldiva SR, Escuder et.al (2007)** conducted a study on Feeding habits of children aged 6 to 12 months and associated maternal factors. This was a cross-sectional study analyzing data in 136 municipalities in the state of São Paulo, Brazil, with 24,448 children. Associations were observed in age, education, number of children.

CHAPTER – VI

SUMMARY AND RECOMMENDATIONS.

This chapter deals with summary, findings, discussion, implications, limitations, conclusion and recommendations. The research effort of the investigator has helped in presenting the study findings that was revealed from the mothers of infants regarding weaning.

SUMMARY

The summary includes the objective of the study, description of procedure used, major findings and conclusion and recommendations for further research study. The present investigation was regarding "Assess the Effectiveness of Structured Video teaching Programme onknowledge and attitude regarding weaning among mothers of infants residing at Samayanallur, Madurai.''

The objectives of the study were the following

- To assess the level of knowledge of mothers of infants regarding weaning.
- To assess the level of attitude of mothers of infants regarding weaning.
- To evaluate the effectiveness of structured video teaching programmeon knowledge and attitude regarding weaning.
- To correlateknowledge and attitude of mothersof infants regarding weaning.
- To determine the association between knowledge among mothers of infants regarding weaning with their selecteddemographic variables.
- To determine the association between attitude among mothers of infants regarding weaning with their selecteddemographic variables.

The conceptual framework adopted for the study was from the concepts of Daniel Stuffle beam model. It includes context, input, process, and product. This helped the investigator to evaluate the effectiveness of video teaching program on knowledge and attituderegarding weaningamong mothers of infants residing at Samayanallur, Madurai..

In the methodology the investigator selected one group pretest and a post test design. The variables in the study were as follows:

Independent Variable – Video teaching program on Weaning.
Dependent variable – Knowledge and attitude regarding weaning.
Associate variable – Age, religion, marital status , Educational status, type of occupation, monthly income, type of family, No of children, source of information

For the pilot study, Samayanallur, Madurai was chosen, and 6mothers were selected using convenient sampling, who were not included later in the main study. After getting consent from the subjects, pretest questionnaire was administered for treatment group. Video teaching programonweaning was administered to the group. After one week post-test questionnaire was administered to the group.

Convenience sampling was used to select study subjects. In this samplingtechnique the subjects who satisfied the inclusion criteria and present in the home during the time of data collection.60mothers of infants were selected for the study.

The structured questionnaire used for data collection was developed by the investigator, which comprised of 3 sections. Section – 1 consisted of demographic variables, Section- II consisted of knowledge regarding Weaning.and Section – III consisted of Attituderegarding Weaning. The Reliability of the tool for the present study was established by using test retest method. Reliability was computed using Karl Pearson's correlation coefficient method and it was found to be r= 0.81(Knowledge), 0.83(Attitude) high.

The researcher prepared video package on Weaning. Based onstudy objectives, a blue print was developed covering content area. The content was given to three nursing experts and 1medical expert and modifications were made in content according to suggestions made by experts.

The main study was conducted at Samayanallur, Madurai for 4weeks.60 mothers were selected as per the sampling criteria using convenience sampling method. Purpose, objectives were explained and confidentiality was assured. With prior informed consent, pretest was conducted for treatment group. The investigator conducted video teaching programme. After one weekpost-test was conducted to treatment group. All the subjects were very cooperative and investigator expressed her gratitude for their co-operation. The data gathered were analyzed .

MAJOR FINDINGS

The major findings of the study are presented under the following headings based the objectives of the study.

- There was a significant difference between knowledge regardingWeaning before and after the video teaching program. The post test mean score was 20.57high as compared to the pretest mean value of12.37
- There was a significant difference between attitude of mothersregarding weaning before and after the video teaching program.Thepost test mean score was 80.07 as compared to pretest mean score of 48.23
- The structured video teaching programme was highly effective inimparting knowledge on weaning. The obtained 't' value was 33.28 for knowledge,68.45 for attitude which was significant at 0.001 level.
- There was a poor correlation between the knowledge and attitude among mothers regarding weaning before video teaching program 'r' = 0.19 (P=0.11).
- There was a significant moderate positive correlation between the knowledge and attitude among mothers regarding weaning after video teaching program, 'r' = 0.44 (p=0.001).
- There was a significant association between the age of mothers ,Educational statusandnumber of children with theirknowledge on weaning.
- There was no significant association between religion, marital status, occupation, income, type of family and source of information, with the knowledge of mothers.
- There was a significant association between the age of mothers,Educational statusandnumber of children with their attitude on weaning.

- There was no significant association between religion, maritalstatus, occupation, income, type of family, source of information with the attitude ofmothers.

CONCLUSION

The study brought out the following conclusions

1. The knowledge and attitude of mothers of infants regarding weaning in the post test was significantly higher than the pre test.
2. The structured video teaching programme was found to be effective in increasing the knowledge and attitude
3. There was a poor correlation between the knowledge and attitude in the pre test and moderate positive correlationbetween the knowledge and attitude in thepost test.

IMPLICATIONS

It includes implication for nursing practice, nursing education, nursing administration and nursing research.

IMPLICATIONS FOR NURSING PRACTICE

- Mothers of infants need to develop positive attitude on Weaning.
- Nurses need to assess the knowledge and attitude on Weaning among mothers.
- Nurses need to upgrade their knowledge on weaning
- The teaching helps to improve the knowledge and there by change their behaviour.
- Health education can be an effective method to improve the knowledge of mothers.
- Video teaching program can be made part of health education.
- The nurse as a service provider plays an important role in impartingknowledge and helping the mothers to be aware about weaning practices.

IMPLICATIONS FOR NURSING EDUCATION

- In-service education program for nursing personnel on weaning can upgrade the knowledge thereby helps to give health education to mothers of infants.
- The study insists the need for the teaching on weaning to the nursing students and make them expert. Nursing curriculum should enable nursing students to develop advancedknowledge and acquire skills inweaning.

IMPLICATIONS FOR NURSING ADMINISTRATION

- The study assists the nursing administrative authorities to initiate and carry out health education program in health care setting.
- Nursing leaders must utilize available resources, which are technologically sound in teaching mothers through mass health education program in community settings.
- Nursing administrators should provide adequate infrastructure facilities in counseling, teaching the mothers regarding weaning.
- Nursing leaders should enhance nursing service at home through readymade video package.
- The special implication of nursing administration in community is that they should pay attention to all women in reproductive age and to see whether they are provided withenough education about weaning practices.
- Nurse administrator can arrange in- service education and special trainingprogrammes regarding weaning practices.

IMPLICATIONS FOR NURSING RESEARCH

- The study helps the investigator to develop insight regarding weaning.through structuredvideo teaching program.
- This study will serve as a valuable reference material for future investigators.
- Teaching package prepared by the researcher will be helpful for giving mass health education.

LIMITATIONS

- Evaluation of effectiveness of structured video teaching program was limited to knowledge and attitude domain.
- Sample size was limited to 60
- Setting was limited to only samayanallur, Madurai.

- Attitude was assessed by verbal response only.
- Video Teaching package may be applicable to middle and high income group only.
- Post test was done after 7 days of administration of structured videoteaching program. Influence of memory was not controlled.

RECOMMENDATIONS

- A similar study can be undertaken by utilizing other domain.
- A similar study can be undertaken on larger scale.
- A comparative study can be done in the urban and rural areas.
- A similar study can be undertaken with control group.
- Studies are needed to develop standardized tool on knowledge on weaning.
- A similar study can be undertaken by using different teaching methods.

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APPENDIX-A

ETHICAL COMMITTEE PERMISSION TO CONDUCT THE STUDY

Ref.No.23339/E4/3/20010 Govt.Rajaji Hospital,Madurai.20.
dated. 2503.2011

Sub: Establishment - Government Rajaji Hospital, Madurai-20 -Ethical Committee - meeting intimation-sent-Regarding.

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The Ethical committee of the Govt. Rajaji Hospital, Madurai will be held at 12.00 Noon on 31.03.2011 at the Medical Superintendent's Chamber, Govt. Rajaji Hospital, Madurai. The following members of the committee are requested to attend the meeting without fail.

1.Dr.S.M.Sivakumar,MS(Gen.Surgery)	Dean,i/c Govt.Rajaji Hospital,Madurai.	Convenor
2.Dr.N.Vijayasankaran,M.ch(Uro.)	Sr.Consultant Urologist Madurai Kidney Centre, Sivagangai Road,Madurai	Chairman
3.Dr.T.Meena,MD or Dean I/c(MMC)	Professor of Physiology, Madurai Medical College	Member
4.Dr.Moses K.Daniel MD(Gen.Medicine)	Professor of Medicine Madurai Medical College	Member
5.Dr.M.Gobinath,MS(Gen.Surgery)	Professor of Surgery Madurai Medical College	Member
6.Dr.S.Thilshadh,MD(O&G)	Professor of Ob&Gyn Madurai Medical College	Member
7.Dr.B.K.C.MohanPrasad,M.ch, (Surg.Oncology)	Professor of Surg.Oncology Madurai Medical College	Member -Secy.
8.Shri.M.Sridher,B.sc.B.L.	Advocate, 623-B.II.Floor,East II Cross, K.K.Nagar,Madurai.20.	Member
9.Shri.O.B.D.Bharat,B.sc.,	Businessman Plot No.588, K.K.Nagar,Madurai.20.	Member
10.Shri. S.sivakumar,M.A(Social) Mphil	Sociologist, Plot No.51 F.F, K.K Nagar, Madurai.	Member

The Assistant Professors and Postgraduates from the following departments have submitted a project for approval before the Ethical Committee. The Post Graduates along with their Head of the Department are requested to attend the meeting without fail.

17	Mr. R. Ravi	Second Batch M.Sc Nursing M.M.C Madurai.	A study to evaluate the effectiveness of video assisted programme on weaning among mothers of infants residing at samayanallur, Madurai.

Medical Superintendent

APPENDIX-B

LETTER GRANTING PERMISSION TO CONDUCT RESEARCH STUDY

From:

R. RAVI
I year M.Sc (N) student
College of Nursing
Madurai Medical College
Madurai.

To

The Deputy Director of Health Services & family welfare officer,
Vishvanatha puram,
Madurai.

Through,

The Principal.
College of Nursing
Madurai Medical College
Madurai.

Respected sir,

Sub: Requesting permission to conduct dissertation in rural primary health centre area.

This is for your kind information that for the fulfillment of my curriculum. I have to do dissertation on the topic A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED PROGRAMME ON WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI.

So, I Kindly request you to permit me to do the dissertation in rural primary health centre, Samayanallur at Madurai.

Forwarded 23/2/11

Forwarded 23/2/2011

Thanking you,

Permitted 6.5.11

Madurai
23 .02.2011

Permitted and referred to BMO for NOC
23/2/11
Deputy Director of Health Services Madurai-12

yours faithfully,

A. RAVI

மாவட்ட மருத்துவ அலுவலர்
அவர்களுக்கு ஆரம்ப சுகாதார நிலையம்
சமயநல்லூர், மதுரை.

APPENDIX – C

CONTENT VALIDITY CERTIFICATE

I Here by certify that I have validated the Tool of Thiru R.RAVI,M.Sc. (N)II year who is under taking "ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI".

Place: Signature of the expert

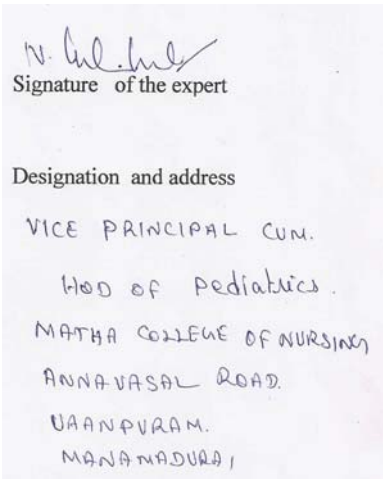
Date :

Designation

APPENDIX – C

CONTENT VALIDITY CERTIFICATE

I Here by certify that I have validated the Tool of Thiru R.RAVI,M.Sc. (N)II year who is under taking "ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI".


Signature of the expert

Designation and address

VICE PRINCIPAL CUM.
HOD OF Pediatrics.
MATHA COLLEGE OF NURSING
ANNAVASAL ROAD.
UAANPURAM.
MANAMADURAI.

Place: Signature of the expert

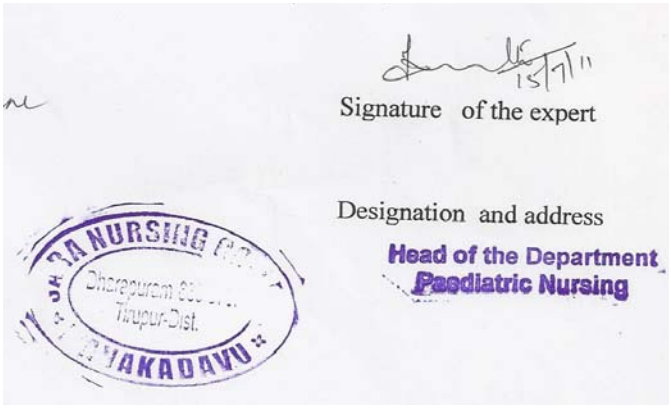
Date :

Designation

APPENDIX – C

CONTENT VALIDITY CERTIFICATE

I Here by certify that I have validated the Tool of Thiru R.RAVI,M.Sc. (N)II year who is under taking "ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI".



Place: Signature of the expert

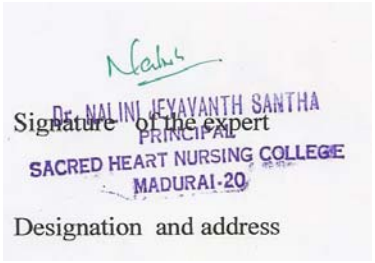
Date :

Designation

APPENDIX – C

CONTENT VALIDITY CERTIFICATE

I Here by certify that I have validated the Tool of Thiru R.RAVI,M.Sc. (N)II year who is under taking "ASSESS THE EFFECTIVENESS OF STRUCTURED VIDEO TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING WEANING AMONG MOTHERS OF INFANTS RESIDING AT SAMAYANALLUR, MADURAI".



Signature of the expert

Designation and address

Place: Signature of the expert

Date :

Designation

APPENDIX –D

STRUCTURED QUESTIONNARE

DEVELOPMENT OF THE TOOL FOR DATA COLLECTION:

Section 1 – Comprised of demographic data.

Section II – Comprised of structured questionnare to assess the knowledge of mothers regarding weaning.

Section III – Comprises of 20 attitudinal statements on weaning.

TOOL:

Demographic proforma:

1.Name of the mother----------

2. Age of the mother

(a) 18-20 years ( )

(b) 21-25 years ( )

(c) 26-30 years ( )

(d) 31-35 years ( )

(3) Religion

(a) Hindu ( )

(b) Christian ( )

(c) Muslim ( )

(d) Other specify ( )

(4) Marital status

(a) Married ( )

(b) Unmarried ( )

(c) Divorced ( )

(d) Widow ( )

(5) Educational status

(a) No formal education. ( )

(b) Primary education ( )

(c) Secondary education ( )

(d) Graduation and above ( )

(6) Type of occupation

(a) House wife ( )

(b) Agriculture ( )

(c) Laborer ( )

(d) Skilled worker ( )

(7) Income of the family per month (In Rupees)

(a) 1500-2000 ( )

(b) 2001-3000 ( )

(c) 3001- 4000 ( )

(d) Above 4000 ( )

(8) Type of family

(a) Nuclear family ( )

(b) Joint family ( )

(c) Extended family ( )

(9) Number of children

(a) One ( )

(b) Two ( )

(c) Three ( )

(d) Above 3 ( )

(10) Source of information

(a) Mass media ( )

(c) Magazine ( )

(d) Peer group ( )

Section II:

(1) What is weaning?

(a) Gradual increase in the quantity and consistency of the infant's food with breast feeding. ( )

(b) Decrease in the breast feeding and increasing intake of other foods gradually ( )

(c) Gradual increase in supplemental food ( )

(d) Gradual increase in the quantity of milk in the infant's diet( )

(2) The purpose of weaning is

(a) To maintain mother's beauty. ( )

(b) Breast milk is not sufficient. ( )

(c) To decrease babies eating capacity. ( )

(d) To improve the relationship between mother and baby. ( )

(3) What is the ideal age to initiate weaning?

(a) 4 months after ( )

(b) 6 months after ( )

(c) 10 months after ( )

(d) 12 months after ( )

(4) What do weaning foods provide to the infant?

(a) Satisfaction ( )

(b) Extra pleasure ( )

(c) Extra nutrients ( )

(d) Gets aquatinted to various tastes ( )

(5) Which of the following factors need to be considered while selecting
food items?

(a) Cultural attitudes and taboos ( )

(b) Age of the infant ( )

(c) Sex of the infant ( )

(d) Economic status and availability of food items ( )

(6) What type of food items should be selected for weaning?

(a) Anything the mother likes ( )

(b) Anything child likes ( )

(c) Select cereals ( )

(d) Frozen food items ( )

(7) What type of food should be given initially during weaning?

(a) Clear fluids ( )

(b) Semi solids ( )

(c) Solids ( )

(d) Pastes ( )

(8) What type of food should be given to the baby?

(a) Less roughage, non spicy and easily digestible ( )

(b) More roughage, spicy and easily digestible ( )

(c) Less roughage, spicy and easily digestible ( )

(d) More roughage, non spicy and easily digestible ( )

(9) What is the ideal food will you given for 7-8 month of baby?

(a)Meat ( )

(b) Fish ( )

(c) cooked mashed potato ( )

(d) Chicken ( )

(10) What is the ideal food will you given for 9-10 month of baby?

(a) Fruits ( )

(b)Egg ( )

(c) Milk ( )

(d) Jaggery. ( )

(11) What is the ideal food will you given for 11-12 month of baby?

(a) Dhal ( )

(b) Fish ( )

(c) Cereal ( )

(d) Jaggery ( )

(12) In what proportion multi mix prepared at home?

(a) 3 parts cereals, 2 parts pulses, 1 part jiggery ( )

(b) 2 parts cereals, 1 part pulses, 1 part jiggery ( )

(c) 2 parts cereals, 1 part pulses, 2 parts jiggery ( )

(d) 1 part cereals, 1 part pulses, 1 part jiggery ( )

(13) How many times water should be given during the initial weaningPeriod?

(a) One time ( )

(b) 2-3 times ( )

(3) 3-4 times ( )

(4) Above 4 times ( )

(14) How should weaning foods be stored?

(a) Closed container and store it in hot place ( )

(b) Open container and store it in hot place ( )

(c) Closed container and store it in cool place ( )

(d) Open container and store it in cool place. ( )

(15) How long can the cooked weaning food are preserved?

(a) 3 hrs ( )

(b) 6 hrs ( )

(c) 12 hrs ( )

(d) Till the food gets over ( )

(16) While feeding the baby where do you place the food in the mouth?

(a) The middle or back of the tongue ( )

(b) Sides of the infant’s tongue ( )

(c) Under the infant’s tongue ( )

(d) Tip of the tongue ( )

(17) What do you do when your child refuses to eat?

(a) Force to feed the child ( )

(b) Change the feed( )

(c) Stop giving feed ( )

(d) Try again after 2-3 days ( )

(18) What type of utensils can be used to keep the food?

(a) Plastic vessel ( )

(b) Large enamel vessel ( )

(c) Steel vessel with a lid ( )

(d) In any type of vessel ( )

(19) At what age child start the normal family diet?

(a) Below one year ( )

(b) 1year ( )

(c) 2-3 years ( )

(d) Above 3 years ( )

(20) What is the correct method of cleaning the utensils?

(a) Using soap and water ( )

(b) Using Dettol ( )

(c) Using plain water ( )

(d) Using savlon ( )

(21) What care should be taken with regard to hand washing prior to feedingthe infant?

(a) Both the mother and baby's hands should be washed with soap and waterThoroughly ( )

(b) Both mother and baby's hands should be rinsed ( )

(c) Only mother's hands should be washed with soap and water thoroughly ( )

(d) Baby's nails should be cut short and rinse thoroughly ( )

(22) What is the common problem associated with poor hand washing during weaning?

(a) Infant will get diarrhea ( )

(b) Food will become dirty ( )

(c) Organism will spoil the food faster ( )

(d) Infant will get fever ( )

(23) What are the common problems due to early weaning?

(a) Irritability ( )

(b) itching ( )

(c) Lethargy ( )

(d) diarrhea ( )

(24) What is the most common complication of late weaning?

(a) Heart failure ( )

(b) Blindness ( )

(c) growth retardation ( )

(d) Increased weight ( )

(25) What precaution will you take regarding weaning , when the baby is sick?

(a) Continue the supplementary feed ( )

(b) Stop the supplementary fee d ( )

(c) Stop the supplementary feed permanently ( )

(d) Stop the supplementary feed for temporarily ( )

Section III:

Sl.No	Statements	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1.	Weaning is essential during infancy					
2.	Physical changes can be observed after starting weaning					
3.	Only freshly washed and cooked food items should be used					
4.	Same type of food items should be given during weaning					
5.	Liquid and semi solid food items are needed during weaning period					
6.	Dilute food is given to the baby					
7.	Sugar or jaggery or salt is not added to additional foods					
8.	Cooked foods can be kept for 12 hours in hot climate					
9.	Weaning foods are given after the breast feed					
10.	The longer the food is cooked, the greater is the loss of nutrients					
11.	Buying costly and prestigious food items to weaning baby					
12.	Food must not need to covered to protect from flies, insects and dusts					
13.	Water may not need to be given in between the feeds					

Sl.No	Statements	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
14.	Raw water to be given for two or three times daily					
15.	Common utensils are used to feed the baby					
16.	Utensils used for feeding are cleaned with soap and water					
17.	Hands should be washed thoroughly before preparing food and feeding the baby					
18.	New foods should not be started when the baby has diarrhea					
19.	Poor hand washing leads to diarrhea in infants during weaning					
20.	proper weaning leads to delayed growth and development					

APPENDIX –E

¹œO Mðó‹ «êèKŠðî,è£ù «èœMèœ:

ð°F 1:ñ,è¬÷ ðŸPò ¹œO Mðó‹

ð°F 2:Þ¬í àí¾ ðŸPò î£J¡ ÜP¬õ Ü÷,èÃ®ò, «èœMèœ.

ð°F 3. Þ¬í àí¾ ðŸPò î£J¡ ñùŠð£ƒ° ðŸP 20 «èœMèœ

1.î£J¡ ªðò˜_____

2. î£J¡ õò¶:

1.16-20 õ¼ìƒèœ ( )

2.21-25 õ¼ìƒèœ ( )

3.26-30 õ¼ìƒèœ ( )

4.31-35 õ¼ìƒèœ ( )

3. ñî‹

1.Þ‰¶

( )

2.APv¶õ˜ ( )

3.ºvL‹ ( )

4.ñŸø¬õ ( )

4. F¼ñí G¬ô

1.F¼ñíñ£ùõ˜ ( )

2.F¼ñíñ£è£îõ˜ ( )

3.Mõ£èóˆî£ùõ˜ ( )

4.¬è‹ªð‡ ( )

5.è™M î°F

1.ð®ŠðPM™ô£îõ˜. ( )

2.Ýóñð è™M ( )

3.àò˜ è™M ( )

4.ð†ìŠ ð®Š¹ ( )

6.«õ¬ô

1.°´‹ðˆ î¬ôM ( )

2.Mõê£ò‹ ( )

3.ÃL ( )

4.Fø¬ñò£ù «õ¬ô ( )

7.ñ£î °´‹ð õ¼ñ£ù‹(¼ð£J™)

1.1500-2000

( )

2.2001-3000

( )

3.3001-4000

( )

4.4000 ˆFŸ° «ñ™

( )

8.°´‹ð õ¬è

1.îQ, °´‹ð‹ ( )

2.Ã†´, °´‹ð‹ ( )

3.MKõ£,èð†ì °´‹ð‹ ( )

9.°ö‰¬îèO¡ â‡E,¬è

1.å¡Á ( )

2.Þó‡´ ( )

3.Í¡Á ( )

4.Í¡Á,° «ñ™ ( )

10.îèõ™ ¬ñò‹

1.ªð£¶üùˆ ªî£˜ì¹ ( )

2.ðˆFK,¬è ( )

3.åˆî õò¶¬ìòõ˜èœ ( )

<u>ð°F 2:Þ¬í àí¾ ðŸPò î£J¡ ÜP¬õ Ü÷,èÃ®ò, «èœMèœ</u>

1.Þ¬í àí¾ â¡ø£™ â¡ù?

1.î£Œ ð£½ì¡ °ö‰¬îJ¡ àíM¡ Ü÷¾ ñŸÁ‹ î¡¬ñ¬òÃ†´î™.

( )

2.î£Œ ð£™ Ü÷¬õ °¬øˆ¶ àíM¡ Ü÷¬õ Ã†´î™ ( )

3.àíM¡ Ü÷¬õ Ã†´î™ ( )

4.°ö‰¬îJ¡ àíM™ ð£L¡ Ü÷¬õ Ã†´î™. ( )

2. Þ¬í àíM¡ º,Aòˆ¶õ‹

1.î£J¡ Üö¬è ðó£ñK,è ( )

2.î£Œ ð£™ «ð£¶ñ£ùî£è Þ™¬ô. ( )

3.°ö‰¬î à‡µ‹ Fø¬ù °¬ø,è. ( )

4. î£Œ,°‹ °ö‰¬î,°‹ àœ÷ àø¬õ ÜFèK,è. ( )

3. Þ¬í àí¾ Ýó‹H,è â¶ ãŸø õò¶?

1. 4 ñ£îˆFŸ° Hø° ( )
2. 6 ñ£îˆFŸ° Hø° ( )
3. 10 ñ£îˆFŸ° Hø° ( )
4. 12 ñ£îˆF,° HŸ° ( )

4. Þ¬í àí¾ °ö‰¬î,° â¡ùªè£´,Aø¶

1. F¼ŠF ÜO,è,Aø¶ ( )
2. ÜFè F¼ŠF. ( )
3. ÜFè êˆ¶,èœ. ( )
4. MîMîñ£ù ²¬õ. ( )

5. W›è‡ìõŸÁœ â‰î è£óE¬òàí¬õ «î˜‰ªí´,°‹«ð£¶ èõQŠd˜èœ

1. ðö,èõö,è*ƒ*èœ ( )
2. °ö‰¬îèœ õò¶ ( )
3. °ö‰¬îèœ Þù‹ ( )
4. °´‹ðˆF¡ õ¼ñ£ù‹ ñŸÁ‹ A¬ì,°‹ àí¾ ( )

6. â‰î õ¬è àí¬õ Þ¬í àíõ£è «î˜‰ªí´Šd˜èœ

1. Ü¡¬ù M¼‹¹‹ àí¬õ ( )
2. °ö‰¬î M¼‹¹‹ àí¬õ ( )
3. î£Qò*ƒ*è¬÷ ( )
4. à¬ø‰î àí¾è¬÷ ( )

7. â‰î õ¬è àí¬õ Þ¬í àíM¡ ªî£ì,èˆF™ ªè£´,è «õ‡´‹?

1. î‡a˜ ( )

2. ð£F Fì‹ ( )

3. Fì‹ ( )

4. ð¬ê ( )

8. â‰î õ¬è àí¬õ °ö‰¬î‚°, ªè£´,è «õ‡´‹?

1. °¬ø‰î ï£˜êˆ¶, è£óI™ô£î , âOF™ ªêK,èÃ®ò ( )

2. ÜFè ï£˜êˆ¶, è£óñ£ù, âOF™ ªêK,èÃ®ò ( )

3. °¬ø‰î ï£˜êˆ¶, è£óñ£ù, âOF™ ªêK,èÃ®ò ( )

4. ÜFè ï£˜êˆ¶, è£óI™ô£î , âOF™ ªêK,èÃ®ò ( )

9. 7-8 ñ£î‚°ö‰¬î‚°, ªè£´,è «õ‡®ò Cø‰î àí¾ â¶?

1. èP ( )

2. e¡ ( )

3, «õè¬õˆ¶ ñC,èŠð†ì à¼¬÷, Aö*ƒ*° ( )

4. «è£N ( )

10. 9-10 ñ£î‚°ö‰¬î‚°, ªè£´,è «õ‡®ò Cø‰î àí¾ â¶?

1. ðö*ƒ*èœ ( )

2. º†¬ì ( )

3. ð£™ ( )

4. ªõ™ô‹ ( )

11. 11-12 ñ£î‚°ö‰¬î‚°, ªè£´,è «õ‡®ò Cø‰î àí¾ â¶?

1. ð¼Š¹ ( )

2. e¡ ( )

3. î£Qò*f*èœ ( )

4. ªõ™ô‹ ( )

12. â‰î MAî˜F™ èô¬õ àí¾ i´èO™ îò£K,èŠð´Aø¶?

1. 3 ð°F î£Qò*f*èœ, 2ð°F ð¼Š¹èœ,1 ð°F ªõ™ô‹ ( )

2. 2 ð°F î£Qò*f*èœ, 1ð°F ð¼Š¹èœ,1 ð°F ªõ™ô‹ ( )

3. 2 ð°F î£Qò*f*èœ, 1ð°F ð¼Š¹èœ ,2 ð°F ªõ™ô‹ ( )

4. 1 ð°F î£Qò*f*èœ, 1ð°F ð¼Š¹èœ,1 ð°F ªõ™ô‹ ( )

13. º™ Þ¬í àí¾ ªè£´,°‹ «ð£¶ âˆî¬ù îì¬õ c˜ ªè£´,è «õ‡´‹?

1. å¼ îì¬õ ( )

2. 2-3 îì¬õ ( )

3. 3-4 îì¬õ ( )

4. 4 îì¬õ,° «ñ™ ( )

14. Þ¬í àí¬õ âšõ£Á ð£¶è£,è «õí´‹?

1. Í®ò ð£ˆFóˆF™ ñŸÁ‹ ªõŠðñ£ù Þìˆ™ «êIŠð¶ ( )

2. Fø‰î ð£ˆFóˆF™ ñŸÁ‹ ªõŠðñ£ù Þìˆ™ «êIŠð¶ ( )

3. Í®ò ð£ˆFóˆF™ ñŸÁ‹ °O˜‰î Þìˆ™ «êIŠð¶ ( )

4. Fø‰î ð£ˆFóˆF™ ñŸÁ‹ °O˜‰î Þìˆ™ «êIŠð¶ ( )

15. ê¬ñ,èŠð†ì Þ¬í àí¾ âšõ÷¾ «ïó‹ õ¬ó ð£¶è£,è «õí´‹?

1. 3 ñE «ïó‹ ( )

2. 6 ñE «ïó‹ ( )

3. 12 ñE «ïó‹ ( )

4. àí¾ º®»‹ õ¬ó. ( )

16. °ö‰¬î,° àí¾ ªè£´,°‹«ð£¶ àí¬õ õ£J¡ â‰î ð°FJ™ ªè£´,è «õ‡´‹?

1. ï£,A¡ ¬ñò ð°F Ü™ô¶ H¡¹ø‹ ( )

2. ï£,A¡ æó‹ ( )

3. ï£,A¡ Ü®Š¹ø‹ ( )

4. ï£,A¡ ¸Q ( )

17. à*f*èÀ¬ìò °ö‰¬î à‡í ñÁˆî£™ â¡ù ªêŒi˜èœ?

1. °ö‰¬î¬ò ðôõ‰îð´^¶î™ ( )

2. àí¬õ ñ£ŸÁî™ ( )

3. àí¬õ GÁˆ¶î™ ( )

4. 2-3 ï£†èÀ,°Š Hø° ºòŸC ªêŒî™ ( )

18. àí¬õŠ ð£¶è£,è âšõ¬èŠ ð£ˆFó‹ ðò¡ð´^î «õ‡´‹?

1. H÷£v®, ð£ˆFó‹ ( )

2. ªðKò âù£ñ™ ð£ˆFó‹ ( )

3. âõ˜C™õ˜ð£ˆFó‹ Í®»ì¡ ( )

4. ãî£õ¶ å¼ ð£ˆFó‹ ( )

19. â‰î õòF™ °ö‰¬î,° õö,èñ£ù àí¬õ, ªè£´,èô£‹?

1. å¼ õòFŸ°, W› ( )

2. å¼ õòF™ ( )

3. 2-3 õòF™ ( )

4. 3 õòFŸ° «ñ™ ( )

20. ð£ˆFóˆ¬î ²^î‹ ªêŒò êKò£ù º¬ø â¶?

1. «ê£Š¹ ñŸÁ‹ î‡a˜ ( )

2. ªì†ì£™ ðò¡ð´^¶îî™ ( )

3. ê£î£óí c˜ ðò¡ð´^¶îî™ ( )

4. ê£šô£¡ ðò¡ð´^¶îî™ ( )

21. °ö‰¬î,° àí¾ ªè£´,°‹ º¡ ¬è è¿¾õ¶ ðŸP â¡ù èõù‹ «õ‡´‹?

1. î£Œ ñŸÁ‹ °ö‰¬îJ¡ ¬èè¬÷ «ê£Š ñŸÁ‹î‡a˜
ªè£‡´ è¿¾î™ ( )

2. î£Œ ñŸÁ‹ °ö‰¬îJ¡ ¬èè¬÷ î‡a˜ ªè£‡´ è¿¾î™ ( )

3. î£J¡ ¬èè¬÷ «ê£Š ñŸÁ‹î‡a˜ ªè£‡´ è¿¾î™ ( )

4. °ö‰¬îJ¡ ¬èèO™ ïèƒè¬÷ ªõ†® î‡a˜ ªè£‡´ è¿¾î™( )

22. êKò£è ¬è è¿õ£îî£™ õ¼‹ Hó„ê¬ù â¡ù?

1. õJŸÁŠ«ð£,° ( )

2. àí¾ ªè†´Š«ð£î™ ( )

3. A¼lèœ àí¬õ, ªè´^¶M´‹ ( )

4. °ö‰¬î,° è£Œ„ê™ õ¼‹ ( )

23. Þ¬í àíM¡ «ð£¶ ªð£¶õ£è ãŸð´‹ Hó„ê¬ù â¡ù?

1. âK„ê™ ( )

2. ÜKŠ¹ ( )

3. Üò˜¾ ( )

4. õJŸÁŠ«ð£,° ( )

24. è£ô‹ èì‰îÞ¬í àíõ£™ ãŸð´‹ M¬÷¾èœ ò£¬õ?

1. Þîò, «è£÷£Á ( )

2. è‡ð£˜¬õ ÞöŠ¹ ( )

3. õ÷˜„C, °¬øð£´ ( )

4. àì™ â¬ì Ã´î™ ( )

25. °ö‰¬îJ¡ àì™G¬ô êKJ™ô£î «ð£¶ Þ¬í àíM¡ «ð£¶ â¡ù Mîñ£ù º¡ªù„êK,¬è ïìõ®,¬è «ñŸ,ªè£œi˜èœ?

1. Þ¬í àí¬õ ªî£ì˜õ¶ ( )

2. Þ¬í àí¬õ GÁˆ¶î™ ( )

3. Þ¬í àí¬õ Gó‰îóñ£è GÁˆ¶î™ ( )

4. Þ¬í àí¬õ îŸè£Lèñ£è GÁˆ¶î™ ( )

õ.â‡	ÃŸÁèœ	lèàÁF	àÁF	G„êòl¡¬ñ.	ñÁŠ¹	àÁFò£ù ñÁŠ¹
1.	Þ¬í àí¾ 1 õò¶ õ¬ó °ö‰¬î,° «î¬õò£ù¶.					
2.	Þ¬í àíMŸ° Hø° àìL™ ñ£Ÿø‹ âŸð´õ¬î èõQ,èô£‹.					
3.	¹Fò, èöMò, ê¬ñˆî àí¾Šªð£¼¬÷ ñ†´‹ àð«ò£A,è«õí´‹.					
4	å«ó õ¬èò£ù àí¾Š ªð£¼¬÷, ªè£´,è «õ‡´‹.					
5.	Fóõ ñŸÁ‹ ð£F Fì àí¾Š ªð£¼†èœ Þ¬í àíMŸ° «î¬õŠð´Aø¶.					
6.	c˜˜î àíM¬ù °ö‰¬î,°, ªè£´,èô£‹.					
7.	ê˜,è¬ó Ü™ô¶ ªõ™ô‹ Ü™ô¶ àŠ¹ Þ¬í àíM™ «ê˜,è,Ãì£¶.					
8.	ê¬ñˆî àí¬õ 12 ñE «ïó‹ Åì£ù G¬ôJ™ ªèì£ñ™ ¬õˆF¼,èô£‹.					
9.	î£ŒŠð£½,°Š Hø° Þ¬í àí¾ ªè£´,èŠð´Aø¶.					

10.	ÜFè «ïó‹ ê¬ñˆî àíM™ ÜFè êˆ¶,èœ °¬ø‰¶ M´A¡øù.					
11.	M¬ôàò˜‰î, ñŸÁ‹ ñFŠ¹œ÷ àí¾Š ª𣼄†èœ °ö‰¬îJ¡ Þ¬í àíMŸ° õ£ƒè «õ‡´‹.					
12.	àíM¬ù ß,èœ, Ì„Cèœ, É²èO™ Þ¼‰¶ è£,è Í® ¬õˆî™ ÜõCòI™¬ô.					
13.	àíM¬ù à‡µ‹«ð£¶ Þ¬ìJ™ î‡a˜ ªè£´Šð¶ ÜõCòI™¬ô .					
14.	²ˆFèK,èðì£î î‡a˜ Fùº‹ Þó‡´, Í¡Á îì¬õèœ ªè£´,èô£‹.					
15.	ª𣶣õ£èŠ ðò¡ð´ˆ¶‹ ð£ˆFóƒè¬÷, °ö‰¬î,° á†ìŠ ðò¡ð´ˆîô£‹.					
16.	àí¾ ªè£´,èŠ ðò¡ð´ˆ¶‹ ð£ˆFóƒè¬÷ «ê£Š					

	ñŸÁ‹î‡a˜ ªè£‡´ è¿õ «õ‡´‹.					
17.	àíM¬ù îò£K,°‹ º¡,°ö‰¬î,° á†´‹ «ð£¶‹ ¬èè¬÷ ï¡° è¿õ «õ‡´‹.					
18.	°ö‰¬î,° õJŸÁŠ«ð£,°Þ¼,°‹ «ð£¶ ¹Fò õ¬è àí¾è¬÷ ªè£´,è Ãì£¶.					
19.	Þ¬í àí¾ ªè£´,°‹ «ð£¶ ¬èè¬÷, è¿õñ£™ ªè£´Šð¶ õJŸÁŠ«ð£,A¬ù ãŸð´ˆ¶‹.					
20.	êKò£ù Þ¬í àí¾ °ö‰¬îJ¡ õ÷˜„C¬òˆ î£ñîŠð´ˆ¶Aø¶.					

APPENDIX – F

SCORING KEY FOR KNOWLEDGE VARIABLES

Question no	Correct Response	Score
1.	a	1
2.	b	1
3.	b	1
4.	c	1
5.	b	1
6.	c	1
7.	b	1
8.	a	1
9.	c	1
10.	b	1
11.	b	1
12.	d	1
13.	b	1
14.	c	1
15.	a	1
16.	a	1
17.	d	1
18.	c	1
19.	b	1
20.	a	1
21.	a	1
22.	a	1
23.	d	1
24.	c	1
25.	a	1
	Total	25

APPENDIX – G

SCORING KEY FOR ATTITUDE VARIABLES

ITEM NO	Strongly Agree	Agree	Uncertain	Disagree	Stronglydisagree
1.	5	4	3	2	1
2.	5	4	3	2	1
3.	5	4	3	2	1
4.	1	2	3	4	5
5.	5	4	3	2	1
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5
9.	5	4	3	2	1
10.	5	4	3	2	1
11.	1	2	3	4	5
12.	1	2	3	4	5
13.	1	2	3	4	5
14.	1	2	3	4	5
15.	1	2	3	4	5
16.	5	4	3	2	1
17.	5	4	3	2	1
18.	5	4	3	2	1
19.	5	4	3	2	1
20.	1	2	3	4	5

APPENDIX - H

COLLEGE OF NURSING
MADURAI MEDICAL COLLEGE
MADURAI

VIDEO ASSISTED TEACHING

ON

WEANING

SUBMITTED TO

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

CHENNAI

SUBMITTED BY

30109815

II YEAR M.Sc (N)

COLLEGE OF NURSING ,

MADURAI MEDFICAL COLLEGE,

MADURAI

SUBJECT	CHILD HEALTH NURSING
TOPIC	WEANING
NAME OF THE EDUCATOR	30109815
VENUE	SAMAYANALLUR, MADURAI
DURATION	30 MINUTES
GROUP	MOTHERS
METHOD OF EDUCATION	DISCUSSION CUM DEMONSTRATION
MEDIUM OF INSTRUCTION	TAMIL
A.V.AIDS	VIDEO

Central objectives:

Help the mothers to gain knowledge and understanding about weaning and to develop desirable attitude and skill to apply this knowledge while taking care of the infants in all health care settings.

Contributory objectives:

The mothers should be able to

- define weaning
- describe the importance of weaning
- mention the types and methods of weaning
- enlist the weaning foods
- discuss the do's and dont's of weaning
- list the weaning tips or points
- enumerate schedule menu plan for an infant per day

S.No	Contributory objective	Time	Content	Student teacher's activity	Learners activity
1.	define weaning	2 mts	**Definition**: Weaning means giving child other nutritious food in addition to breast milk and slowly taking the infant away from the breast.	Explaining With video	listening
2.	describe the importance of weaning	5 mts	**Importance of Weaning**: ❖ Weaning is important in the following condition: ❖ The mother's milk alone is not sufficient to sustain the growth beyond six months. ❖ After six months the output and nutrients of breast milk decreases. ❖ If mother has any infectious disease like pulmonary tuberculosis,	Explaining With video	listening

			carcinoma breast, not healthy to feed the child.		
S.No	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
2	describe the importance of weaning	5 mts	❖ To encourage eating habits in children earlier. ❖ Being unsatisfied after a full milk feed ❖ Demanding increasing and more frequent milk feeds ❖ Start with bland foods and make them almost as liquid as milk. ❖ The child will develop sense of autonomy by weaning in correct time ❖ If solid foods are placed on the infants tongue, they can bite and swallow means weaning	Explaining With video	listening

			bestarted at correct time.		

S.No	Contributory objective	Time	Content	Student teacher's activity	Learners activity
3	mention the types and methods of weaning	5 mts	**<u>TYPES OF WEANING</u>** : There are 4 types of weaning. **<u>Cereal group</u>**: ➢ Rice, ragi, wheat, pulses, fried powdered and cooked conjee type can be given. Biscuits can be added in cereal group. **<u>Vegetable group</u>**: ➢ Carrots, potatoes, beetroot, beans, pumpkin, tomato, cauliflower, green leafy vegetables can be given **<u>Fruit group</u>**: ➢ Orange, apple, mango, all fruit juices, papaya ,Mashed banana can be given.	Explaining With video Explaining With video	Listening Listening

S.No	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
			<u>Meat group</u>: ➢ Chicken, fish, egg etc. can be given Soft boiled, finely chopped and mashed. **<u>Methods:</u>** ❖ Weaning by trying a new food ❖ Weaning by use of a cup ❖ Weaning by feeding himself	Explaining With video	listening

S.No	Contributory objective	Time	Content	Student teacher's activity	Learners activity
4.	enlist the weaning foods by month wise	8 mts	**1-6 months** ✓ Only breast milk **7th month** ✓ Semisolid diet, fruit juices, mashed banana, mashed potato, tomato's , boiled and mashed vegetables, green leafy vegetables, beans, carrots, idly, pongal, idiyappam, cooked and mashed rice, ragi, maize, wheat, biscuits may be given. **8th month:** ✓ pulses,Dhal and ghee, rice dosai,rusk, uppuma ,chappathi soaked in milk,. **9th month**	Explaining With video Explaining	Listening listening

			✓ Egg yolk, mulaikeerai boiled mashed green leafy vegetables may be given.	With video	
S.No	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
4.	enlist the weaning foods by month wise	8 mts	**10th month** ✓ White of the egg, dried fruits, dates given with all the above soiled foods. **11th month:** ✓ Finely chopped, pressure cooked or steam cooked chicken, meat, cheese, drumstick leaves, ponnanganni leaves can be given. **12th month:** ✓ Fully planned diet according to the family choice without spices and hot food.	Explaining With video	listening

S.No	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
5.	discuss the do's and don'ts of weaning	5 mts	**<u>When preparing weaning foods the mother should follow</u>the following:** ➢ To use water from a safe clean source to boil and cool it for drinking purposes ➢ Hand and utensils are washed with soap and water before preparing food. ➢ Well cooked, non spices food will provided to the infant. ➢ Limit seasoning to salt, sugar and jaggery Strain seeds, remove tough skin	Explaining With video	listening

			or.fibre and cook the food until it becomes soft.		
s.no	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
5.	discuss the do's and don'ts of weaning		➢ Mash food for infants up to the age of 10 months and fine chopped foods after 10 months of age. ➢ Prepare fresh food for each infant's feeding. ➢ Protect the prepared food from dust and flies and by keeping covered. **The mother should not follow the things mentioned below**; ❖ Don't give spicy food ❖ Don't give onion, chocolate, drumstick, cucumbers during I year ❖ Avoid concentrated sweet, they may	Explaining With video Explaining With video	Listening listening

			cause obesity and decays in teeth ❖ Don’t give too salted or too sweetened foods		
s.no	**Contributory objective**	**Time**	**Content**	**Student teacher’s activity**	**Learners activity**
5.	discuss the do’s and don’ts of weaning		❖ Don’t give honey ❖ Beverages (tea, coffee) should not be given to infants because they promote tooth decanis in early stage. ❖ Don’t threat the child for eating ❖ Don’t force the infant to eat more food ❖ Don’t punish the child before or during giving food. ❖ Don’t reuse the food left behind after eating, it will cause gastro-intestinal problems. ❖ Discard the unused weaning food	Explaining With video	listening

			immediately.		
s.no	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
6.	list out the weaning tips or points	5 Mts	The following points to be followed during introducing solids to an infant's diet ❖ Start with fruit juice on first day. Introduce only one new food at a time allow the infant to become familiar with the same before starting another. ❖ Care should be taken to avoid contamination ❖ Give very small quantity of any new food, it is advisable to start with one or two spoonful of boiled vegetables	Explaining With video	listening

			and gradually work up to three to four spoonful a day.		
s.no	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
6.	list out the weaning tips or points	5 Mts	❖ Start with some kind of cereal food and then go on the fruits. Vegetables, egg,fish, and meat one by one. ❖ Never force an infant to eat more of a food than what he takes willingly. ❖ Watch any food allergies . ❖ There should be choice for food ❖ Make the child drink from cup on his hands ❖ Food must be smooth and soft and infant needs high fat diet for brain and nervous system development ❖ Make the caring time pleasurable with play	Explaining With video	listening

			❖ Give some amount of water if the infant is not able to swallow water is advised only after feeding. ❖ wash vegetables while cooking.		
s.no	**Contributory objective**	**Time**	**Content**	**Student teacher's activity**	**Learners activity**
6.	list out the weaning tips or points	5 Mts	❖ Give some kind of food for week then change to next type of food ❖ The presentation and small of food should be pleasant to the baby ❖ The food should cover all proteins, fat,vitamin and minerals, daily caloric needs of the baby. ❖ Avoid allergic foods, avoid for any nausea, vomiting, diarrhea and rashes ❖ After giving food give some warm water and mouth should be cleaned. Baby hands should be kept clean	Explaining With video	listening

<table>
<tr><td></td><td></td><td></td><td>before and after feedings.
❖ Weigh the baby every month for successful weaning.</td><td></td><td></td></tr>
<tr><td>s.no</td><td>Contributory objective</td><td>Time</td><td>Content</td><td>Student teacher’s activity</td><td>Learners activity</td></tr>
<tr><td>7.</td><td>enumerate schedule menu plan for an infant per day</td><td></td><td>The infants one day meal plan may be as follows:
<u>6-9 month</u>
<table><tr><td>6.00 am</td><td>Milk 100ml with one tsp sugar (or) jiggery</td></tr><tr><td>8.00am</td><td>Provide with 2 spoons extra proteins and sugar 2 tsp</td></tr><tr><td>10.00am</td><td>Fresh fruits such as mashed banana, tomato,papaya, mango and sappota</td></tr><tr><td>12.00 Noon</td><td>Well cooked rice or other staple food 15 to 100gms boiled egg well cooked and mashed dhal 2 tab.spoon. 3-4 tsp.spoon ghee or coconut oil well</td></tr></table></td><td>Explaining
With video</td><td>listening</td></tr>
</table>

				mixed in the food while hot.		
s.no	**Contributory objective**	**Time**	**Content**		**Student teacher's activity**	**Learners activity**
7	enumerate schedule menu plan for an infant per day		3.00pm	Pulse or nuts roasted and powdered and made to conjee boiled 25 gms, add milk 100 ml with sugar or jaggery	Explaining With video	listening
			5.00pm	Any fruits cut into pieces or mashed		
			7.30pm	Well cooked rice or other staple food 15 to 100gms boiled egg well cooked and mashed dhal 2 tab.spoon. 3-4 tsp.spoon ghee or coconut oil well mixed in the food while hot.		
			10.30 pm	Biscuits 2 nos. Rusk 2nos soaked in milk or only milk 100 ml with 1 tsp		

<table>
<tr><td></td><td></td><td></td><td><table><tr><td></td><td>of sugar</td></tr><tr><td>After 10.00pm</td><td>Demand feeds(breast feeds) in between these times, if baby cries for hunger breast feeds can be given.</td></tr></table></td><td></td><td></td></tr>
<tr><th>s.no</th><th>Contributory objective</th><th>Time</th><th>Content</th><th>Student teacher’s activity</th><th>Learners activity</th></tr>
<tr><td>7</td><td>enumerate schedule menu plan for an infant per day</td><td></td><td><u>10 months to 1 year:</u><table><tr><td>6.00am</td><td>Milk 100 ml – 200 ml with sugar</td></tr><tr><td>7.00am</td><td>Biscuit - 2</td></tr><tr><td>8.00am</td><td>Idly-1,idiyappam/doai/pongal/cereal conjee</td></tr><tr><td>10.00am</td><td>Any fruits/only fruit juices/snacks/ Vegetable mash/butter milk/soup</td></tr><tr><td>11.00am</td><td>Milk 100ml -200ml
Vegetable soup</td></tr><tr><td>12.00 Noon</td><td>Rice with dhal/ghee/sambar/ Vegetable soup/rasam/curd/mashed vegetables. Green leaves, egg half boiled/yellow yolk only</td></tr><tr><td>2.00pm</td><td>Milk 100ml-200ml</td></tr></table></td><td>Explaining With video</td><td>listening</td></tr>
</table>

			3.00pm	Snacks/fruits/fruit juice/sundal/ Pulses		
			4-5pm	Milk 100ml-200ml Biscuits – 2nos		

Conclusion:

I hope the entire mothers have gained knowledge about weaning and its importance and also they will be practice in their life. During this teaching I also gained more things from audience.

APPENDIX – I

¦ºÅ¢Ä¢Â÷ ¸øæ¡¢
ÁÐ¨Ã ÁÕòÐÅ ¸øæ¡¢
ÁÐ¨Ã.

þ¨½ ¯½× ÀüÈ¢ ´Ç¢-´Ä¢ ¿¡¼¡ ¯¾Å¢ ãÄõ ¸üÀ¢ò¾ø

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¼¡ì¼÷ ±õ.ƒ¢. ¬÷. ÁÕòÐÅô Àú¸ ¨Ä¸ Æ¸ õ

¦ºý¨É.

ºÁ÷ôÀ¢ôÀÅ÷

30109815

þÃñ¼¡õ ¬ñÎ ÓÐ¸¨Ä ¦ºÅ¢Ä¢Â ÀðœôÀÊôÒ

¦ºÅ¢Ä¢Â÷ ¸øæ¡¢

ÁÐ¨Ã ÁÕòÐÅ ¸øæ¡¢

ÁÐ¨Ã

À¡¼õ	ÌÆ‰¨¾ ¿Ä ¦ºÅ¢Ä¢Â÷
¾¨ÄôÒ	þ¨½ ¯½×
¸øÅ¢Â¡Ç÷ ¦ÀÂ÷	30109815
þ¼õ	ºÁÂøæ÷, ÁÐ¨Ã.
¸¡Äõ	30 ¿¢Á¢¼í¸û
Àí¸Ç¢ôÀÅ÷	¾¡öÁ¡÷¸û
¸øÅ¢ Ó¨È	Å¢Å¡¾õ ¯¼ý ¦ºÂøÅ¢Çì¸õ
ÀÂ¢üÚÅ¢ìÌõ ¦Á¡Æ¢	¾Á¢ú

´Ä¢ ´Ç¢ ¯¾Å¢	´Ç¢-´Ä¢ ¿¡¼¡

Óì¸¢Â §¿¡ì¸õ:

¾¡öìÌ þ¨½ ¯½× ÀüÈ¢ «È¢¨Å ÅÇ÷ì¸×õ, Ò¡¢óÐ ¦¸¡ûÇ×õ, þ¨½ ¯½× ÀüÈ¢Â ÁÉôÀ¡íÌ ÁüÚõ ¾¢È¨Á¨Â ÅÇ÷ì¸×õ ÁüÚõ «¨ÉòÐ Í¸¡¾¡Ã «¨ÁôÀ¢ÖõÌÆó¨¾¨Â ÀÃ¡Á¡¢ìÌõ ¦À¡ÆÐ ¸ð¼¨ÁôÒ §À¡¾¨Éì ¸øÅ¢ ãÄõ ¦ÀüÈ«È¢¨Å ÀÂýÀÎò¾×õ ¯¾×¸¢ÈÐ.

Àí¸Ç£ôÒ §¿¡ì¸õ:

¸£ú¸ñ¼Åü¨È ¾¡Â¡ø ¦ºöÂ ÓÊÔõ

1. þ¨½ ¯½× Å¨ÃÂÚì¸×õ

2. þ¨½ ¯½Å¢ý Óì¸¢ÂòÐÅò¨¾Å¢Å¡¢ì¸×õ.

3. þ¨½ ¯½Å¢ýÅ¨¸¸û ÁüÚõ Ó¨È¸¨Ç ÌÈ¢ôÀ¢¼×õ

4. þ¨½ ¯½¨Å Å¡¢¨º ÀÎò¾×õ.

5. þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊÂ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸×õ.

6. þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.

7. 6 Á¡¾õ Ó¾ø 1 ÅÂÐ Å¨Ã ¯ûÇ ÌÆó¨¾ìÌ ¯¡¢Â ¯½× «ð¼Å¨½ Å¢Å¡¢ì¸×õ

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
1.	þ¨½ ¯½× Å¨ÃÂÚì¸×õ.	2¿¢Á¢ ¼õ	**"Þ¬í àí¾ â¡ð¶ î£ŒŠð£½ì¡ êˆ¶œ÷ àí¾ ªð£¼†è¬÷ 6 ñ£îˆFL¼‰¶ °ö‰¬î,° ªè£´Šðî£™, Ü¶ õ÷˜„C¬ò ð£¶è£,°‹”** **<u>Þ¬í àíM¡ º,Aòˆ¶õ‹</u>:**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ýÅ¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

2.	þ¨½ ¯½Å¢ý Óì¸ ¢ÂòÐÅò¨¾ Å¢Å¡¢ì¸ ×õ.	5¿¢Á¢ ¼õ	**6 ñ£îˆFŸ° «ñ™ î£ŒŠð£™ ñ†´‹ °ö‰¬îJ¡ õ÷˜„C,° «ð£¶ñ£ùî£è Þ¼,è£¶ 6 ñ£îˆFŸ° Hø° î£ŒŠð£L¡ Ü÷¾ ñŸÁ‹ êˆ¶ °¬ø‰¶ M´Aø¶. î£Œ,° è£ê«ï£Œ ñŸÁ‹ ñ£˜ðè ¹ŸÁ«ï£Œ Þ¼‰î£™ °ö‰¬î,° î£ŒŠð£™ ªè£´Šð¶ °ö‰¬îJ¡ àì™ ïôˆ¶,° àè‰î¶ Ü™ô.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ýÅ¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ýÅ¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø
Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
2.	þ¨½ ¯½Å¢ý Óì¸ ¢ÂòÐÅò¨¾ Å¢Å¡¢ì¸ ×õ.	5¿¢Á¢ ¼õ	**°ö‰¬îJ¡ à‡µ‹ ðö,èˆ¬î ÜFèK,Aø¶ î£ŒŠð£™ ñ†´‹ º¿F¼ŠF¬ò î¼õF™¬ô.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ýÅ¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

			î£ŒŠð£™ Ü®,è® ªè£´,è «õ‡® àœ÷¶. è£óI™ô£î, ð£FFìºœ÷ àí¾è¬÷ ªè£‡´ Þ¬í àí¾è¬÷ Ýó‹H,èô£‹. °ö‰¬îè¬÷ êKò£ù «ïóˆF™ Þ¬í àí¬õ î£ù£è«õ ê£ŠH´õîŸ° ðö,èŠð´ˆî «õ‡´‹. 6 ñ£îˆF™ °ö‰¬î,° Fì àí¾ ªè£´,°‹ ªð£ö¶ Ü¬õè¬÷ è®ˆ¶, º¿ƒè Ýó‹H,A¡øù.	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
3.	þ¨½ ¯½Å¢ýÅ¨¸¸û ÁüÚõ Ó¨È¸¨Ç	5¿¢Á¢ ¼õ	**Þ¬í àíM¡ õ¬èèœ: Þ¬í àíM™ 4 õ¬èèœ àœ÷ù.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

	ÌÈ¢ôÀ¢¼×õ		**<u>î£Qò õ¬è</u>:** **ÜKC, «èŠ¬ð, «è£¶¬ñ, ð¼Š¹õ¬èèœ ð£CŠð¼Š¹ õÁˆî, ªð£®ò£,èŠð†ì, ê¬ñ,èŠð†ì èƒC. Hvè†¬ì î£Qò õ¬è Þ¬í àíM™ «ê˜,èô£‹.** **<u>è£ŒèP õ¬è</u>:** **«èó†, à¼¬÷Aöƒ°, d†Ït, d¡v ÌêE î,è£O è£OH÷õ˜ ð„¬êè£ŒèPèœ ªè£´,èô£‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
3.	þ¨½ ¯½Å¢ýÅ¨¸¸û	5¿¢Á¢¼õ	**<u>ðö õ¬è</u>:** **Ýó…², ÝŠHœ ñ£‹ðö‹**	´Ä¢-´Ç¢	

	ÁüÚõ Ó¨È¸ ¨Ç ÌÈ¢ôÀ¢¼×õ		**ðö„ê£Á ðŠð£O ñC˜Î õ£¬öŠðö‹ ªè£´,èô£‹** **<u>Ü¬êõ õ¬è</u>:** **«è£N, e¡, º†¬ì, ªè£´,èô£‹**	¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ	¸ÅÉÁ¡¸ §¸ ð¼ø

Å.±ñ	Àí¸ Ç£ôÒ §¿¡ì¸ õ	§¿Ãõ	¯ûÇ¼ì¸ õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
3.	þ¨½ ¯½Å¢ýÅ¨¸¸û ÁüÚõ Ó¨È¸ ¨Ç	5¿¢Á¢¼õ	**<u>Þ¬í àíM¡ º¬øèœ</u>:** **1. ¹Fò àí¾ ªè£‡´ ºòŸC ªêŒî™**	´Ä¢-´Ç¢ ¿¡¼¡	¸ÅÉÁ¡¸ §¸ ð¼ø

	ÌÈ¢ôÀ¢¼×õ		**2. A‡í‹ ªè£‡´ ºòŸC ªêŒî™** **3. °ö‰¬î î£ù£è«õ à‡µñ£Á ªêŒî™.**	¯¾Å¢Ô¼ý Å¢Çì¸õ	

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
4.	þ¨½ ¯½¨Å Å¡¢¨º ÀÎò¾×õ	8¿¢Á¢¼õ	**<u>1-6 ñ£Î‹</u>:** **î£ŒŠð£™ ñ†´‹**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

			7‹ ñ£î‹: **ð£F Fìºœ÷ àí¾, ðö„ê£Á, ñCˆî õ£¬öŠðö‹, ñCˆî à¼¬÷Aö*ƒ*°, î,è£O, «õè¬õˆî ñCˆî è£ŒèPèœ, ð„¬êè£ŒèPèœ, d¡v, «èó†, Þ†L, ªð£*ƒ*èœ, Þ®ò£Šð‹, ê¬ñ,èŠð†ì ñCˆî ÜKC, «èŠ¬ð, «è£¶¬ñ, ð¼Š¹õ¬èèœ. Hvè†¬ì ªè£´,èô£‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
4.	þ¨½ ¯½¨Å	8¿¢Á¢¼õ	**8‹ ñ£î‹:**	´Ä¢-´Ç¢	¸ÅÉÁ¡¸

	Å¡¢¨º ÀÎò¾×õ		**ð¼Š¹õ¬èèœ, ªïŒ, ÜKC «î£¬ê,** **óv,, àŠ¹ñ£, ð£L™ ï¬ù,èŠð†ì** **êŠð£ˆF ªè£´,èô£‹.** **<u>9‹ ñ£î‹</u>:** **«õè¬õˆî º†¬ìJ¡ ñ…êœ è¼,** **º¬÷,W¬ó «õè¬õˆî ñCˆî** **ð„¬êè£ŒèPèœ.** **<u>10‹ ñ£î‹</u>:** **«ñ«ô ÃøŠð†ì Fìàí¾ì¡ «õè¬õˆî º†¬ìJ¡** **ªõœ¬÷ è¼ ðöƒèœ ñŸÁ‹** **«ðK„ê‹ðö‹ ªè£´,èô£‹.**	¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	§¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸

				¿¼ÅÊì¨¸	
4.	þ¨½ ¯½¨Å Å¡¢¨º ÀÎò¾×õ	8¿¢Á¢¼õ	**11‹ ñ£î‹** **ï¡ø£è «õè¬õˆî C,è¡, e¡, ñ†ì¡ º¼ƒ¬è W¬ó ªð£¡ù£ƒè¡Q W¬ó ªè£´,èô£‹.** **12‹ ñ£î‹:** **ºö¬ñòè£è °´‹ðˆî£™ F†ìlìŠð†ì è£ól™ô£î «õè¬õˆî Åì£ù àí¬õ ªè£´,èô£‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸

				¿¼ÅÊì¨¸	
5.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊÂ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸ ×õ.	5¿¢Á¢¼õ	**Þ¬í àí¾ îò£K,°‹ ªð£ö¶ î£Œ H¡ðŸø «õ‡®ò¬õ:** **²ˆîñ£ù î‡a¬ó ªè£F,è ¬õˆ¶ °Oó ¬õˆ¶ °®ŠðîŸ° ðò¡ð´ˆîô£‹.** **Þ¬í àí¾ îò£KŠðîŸ° º¡ ¬èèœ ñŸÁ‹ ð£ˆFóˆ¬î «ê£Š¹ ñŸÁ‹ î‡a¬ó ªè£‡´ èöõ «õ‡´‹** **è£ól™ô£î,«õè¬õˆî àí¬õ ªè£´,èô£‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø
Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸

5.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊÂ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸ ×õ	5¿¢Á¢¼ õ	**àŠ¹, ê˜,è¬ó, ªõ™ô‹ ÝAòõŸ¬ø °¬ø‰î Ü÷¾₄ ðò¡ð´˜îô£‹. ªè£†¬ìèœ ñŸÁ‹ è®ùñ£ù «î£¬ô c,AM†´ àí¾₄ ªñ‡¬ñò£°‹ õ¬ó «õè Mì¾₄‹. ñC,èŠð†ì àí¬õ 10 ñ£î‹ õ¬ó,°‹ ï¡ø£è «õè ¬õ˜î àí¬õ 10 ñ£î˜FŸ° Hø°‹ ªè£´,èô£‹ ¹Fî£è îò£K,èŠð†ì àí¬õ Þ¬í àíMŸ° ðò¡ð´˜îô£‹. àí¬õ É² ñŸÁ‹ ß,èOìl¼‰¶ð£¶è£,è Í® ¬õ,è «õ‡´‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ	¸ÅÉÁ¡¸ §¸ ð¼ø ¸ÅÉÁ¡¸ §¸ ð¼ø ¸ÅÉÁ¡¸ §¸ ð¼ø
Å.±ñ	Àí¸ Ç£ôÒ §¿¡ì¸ õ	§¿Ãõ	¯ûÇ¼ì¸ õ	Á¡½Å	¸üÀÅ¡¢ý

				¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¿¼ÅÊì¨¸
5.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸ ×õ	5¿¢Á¢¼ õ	**Þ¬í àíM™«ê˜,è Ãì£î¬õ:** **è£óñ£ù àí¬õ ªè£´,è Ãì£¶.** **ªõƒè£ò‹, I†ì£Œ,** **º¼ƒ¬è,è£Œ,ªõœ÷K,è£Œ ªè£´,è Ãì£¶.** **ÞQŠ¹è¬÷ îM˜,è «õ‡´‹. ÞQŠ¹ àì™ ð¼ñ¬ù Ã†´‹ ñŸÁ‹ ð™ C¬î¬õ ãŸð´^¶‹.** **ÜFè àŠ¹ ñŸÁ‹ ÜFè ÞQŠ¹è¬÷ ªè£´,è Ãì£¶.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸ õ	¸ÅÉÁ¡¸ §¸ ð¼ø ¸ÅÉÁ¡¸ §¸ ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
5.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊÂ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸ ×õ	5¿¢Á¢¼õ	**«î¡ªè£´,è Ãì£¶.** **è£H ñŸÁ‹ ¯ «ð£¡ø ªð£¼†è¬÷ ªè£´,è Ãì£¶. Ü¶ð™ C¬î¬õ ãŸð´^¶‹.** **°ö‰¬î¬ò ê£ŠH´‹ð® Ió†ì, Ãì£¶.** **°ö‰¬î¬ò ÜFè àí¬õ ê£ŠH´‹ð® è†ì£òŠð´^î Ãì£¶.** **°ö‰¬î¬ò ê£ŠH´õˆFŸ° º¡ ñŸÁ‹ ê£ŠH´‹ªð£ö¶ î‡®,èÃì£¶.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
5.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ ¦ºöÂ §ÅñÊ¨Å ¦ºöÂ Ü¼¡¾¨Å Å¢Å¡¾¢ì¸×õ	5¿¢Á¢¼õ	**eîºœ÷ àí¬õ e‡´‹ ðò¡ð´^î,Ãì£¶. Ü¶ õJŸÁŠ«ð£,¬è ãŸð´^¶‹.** **ðò¡ð´^î£î eîºœ÷ Þ¬í àí¬õ àìù®ò£è ÜèŸPMì «õ‡´‹.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**Þ¬í àí¬õ ÜPºèŠð´^¶‹ ªð£ö¶ èõQ,è «õ‡®ò¬õ:** **ºî™ ï£œ Þ¬í àí¬õ ðö„ê£Áì¡ Ýó‹H,è «õ‡´‹.** **å¼ «ïóˆF™ å¼ Þ¬í àí¬õ ñ†´‹ Ýó‹H,è «õ‡´‹. Ü¶ðö,èŠð´‹ õ¬ó ñŸªø£¼ Þ¬í àí¬õ Ýó‹H,è «õ‡ì£‹** **Þ¬í àí¬õ ªèì£ñ™ lè èõùñ£è îò£K,è «õ‡´‹.** **¹Fò Þ¬í àí¬õ lè °¬ø‰î Ü÷M™ ºîL™ ªè£´,è «õ‡´‹. 1**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

			Ü™ô¶ 2 èó‡® «õè ¬õ˝î	Å¢Çì¸õ	
Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿ÃõÃ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**è£ŒèPè¬÷ ªè£´,è «õ‡´‹. Hø° 3 Ü™ô¶ 4 èó‡® ªè£´,èô£‹.** **î£Qò õ¬è Þ¬í àí¬õ ªè£´,è «õ‡´‹. H¡ ðö*ƒ*èœ, ð„¬êè£ŒèPèœ, º†¬ì, e¡, C,è¡, ñ†ì¡ âù ð®Šð®ò£è ªè£´,è «õ‡´‹.** **°ö‰¬Î¬ò ÜFè àí¬õ ê£ŠH´‹ð® è†ì£òŠð´˝î Ãì£¶.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**°ö‰¬î,° àí¾ åšõ£¬ñ ãŸð´AøîÉ âù èõQ,è «õ‡´‹.** **Þ¬í àí¾ «î˜‰ªî´,°ñ£Á Þ¼,è «õ‡´‹.** **°ö‰¬î î£ù£è èŠHL¼‰¶ °®ŠðîŸ° ðö,è «õ‡´‹.** **àí¾ lè¾‹ l¼¶õ£è¾‹ ªñ¡¬ñò£è¾‹ ñŸÁ‹ ªè£öŠ¹ êˆ¶ G¬ø‰îî£è¾‹ Þ¼,è «õ‡´‹. Ü¶ Í¬÷ñŸÁ‹ ïó‹¹ ñ‡ìô‹**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø

			õ÷ó àî¾‹.	Å¢Çì¸õ	

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**Þ¬í àí¾ °ö‰¬î ê£ŠH´‹ªð£ö¶ M¬÷ò£†´ ªð£¼¬÷ ¬õˆ¶ ñAö ¬õ‚è «õ‡´‹.** **Þ¬í àí¾ °ö‰¬î ê£ŠH´‹ªð£ö¶ Þ¬ì Þ¬ì«ò 2 Ü™ô¶ º¬ø î‡a˜ ªè£´‚è «õ‡´‹.** **Þ¬í àí¾ î£ò£K‚°‹ ªð£ö¶ è£ŒèPè¬÷ ï¡ø£è èöõ «õ‡´‹.** **Þ¬í àí¾ î£ò£K‚°‹ ªð£ö¶ å«ó õ¬èò£ù àí¬õ ªè£´‚è Ãì£¶.**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸

				´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	§¸ð¼ø
Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿Ãõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**å¼ õ£ó‹ å¼ àí¾‹ Ü´ˆî õ£ó‹ «õÁ àí¾‹ ªè£´,è «õ‡´‹.** **Þ¬í àíM¡ õ£ê¬ù °ö‰¬î¬ò èõó «õ‡´‹.** **Þ¬í àíM™ °ö‰¬î,° «î¬õò£¡ ¹óî‹, ªè£öŠ¹, M†ìl¡, î£¶,èœ êˆ¶,èœ Þ¼,è «õ‡´‹.** **åšõ£¬ñ ãŸŠð´ˆ¶‹ àí¾è¬÷**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢	¸ÅÉÁ¡¸ §¸ð¼ø

			îM˜,è «õ‡´‹. Ü¶ õ£‰F õJŸÁŠ«ð£,¬è îM˜,°‹.	¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿ÃõÃ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
6.	þ¨½ ¯½Å¢ý ¦À¡ÆÐ À¢ýÀüÈ§ÅñÊÂ ÌÈ¢ôÒ¸¨Ç Å¡¢¨º ÀÎò¾×õ.	5¿¢Á¢¼õ	**Þ¬í àí¾ ªè£´ˆÎ Hø° °öï¬îJ¡ õ£Œ ñŸÁ‹ ¬èè¬÷ ï¡ø£è èöõ «õ‡´‹.** **°ö‰¬îJ¡ àì™ â¬ì¬ò ñ£î£ ñ£î‹ Ü÷,è «õ‡´‹**	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø

Å.±ñ	Àí¸Ç£ôÒ §¿¡ì¸õ	§¿ÃõÃõ	¯ûÇ¼ì¸õ	Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸	¸üÀÅ¡¢ý ¿¼ÅÊì¨¸
7.	6 Á¡¾õ Ó¾ø 1 ÅÂÐ Å¨Ã ¯ûÇ ÌÆó¨¾ìÌ ¯¡¢Â ¯½× «ð¼Å¨½ Å¢Å¡¢ì¸×õ	5 ¿¢Á¢¼õ	6 Á¡¾õ Ó¾ø 1 ÅÂÐ Å¨Ã ¯ûÇ ÌÆó¨¾ìÌ ¯¡¢Â ¯½× «ð¼Å¨½ 6-9 Á¡¾õ 6.00 Á½¢ À¡ø 100 Á¢.Ä¢ ´Õ ¸ÃñÊ º÷ì¸¨Ã «øÄÐ ¦ÅøÄõ 8.00Á½¢ þÃñÎ ¸ÃñÊ ÒÃ¾õþÃñÎ ¸ÃñÊº÷ì¸¨Ã «øÄÐ ¦ÅøÄõ 10.00Á½¢ Ò¾¢¾¡É Àúí¸û -Áº¢ì¸ôÀð¼ Å¡¨ÆôÀúõ, ¾ì¸¡Ç¢	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ ´Ä¢-´Ç¢	¸ÅÉÁ¡¸ §¸ð¼ø ¸ÅÉÁ¡¸

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<tr><td>Å.±ñ</td><td>Àí¸Ç£ôÒ §¿¡ì¸õ</td><td>§¿Ãõ</td><td colspan="2">¯ûÇ¼ì¸õ</td><td>Á¡½Å ¬º¢¡¢Â¡¢ý ¿¼ÅÊì¨¸</td><td>¸üÀÅ¡¢ý ¿¼ÅÊì¨¸</td></tr>
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10Á¡¾õ Ó¾ø 1 ÅÕ¼õ Å¨Ã<table>
<tr><td>6.00Á½¢</td><td>À¡ø 100 ml – 200 ml</td></tr>
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			8.00Á½¢	þðÄ¢, þÊÂ¡ôÀõ, §¾¡¨º,¸ï°¢	´Ä¢-´Ç¢ ¿¡¼¡ ¯¾Å¢Ô¼ý Å¢Çì¸õ	¸ÅÉÁ¡¸ §¸ð¼ø
			10.00Á½¢	ÀÆí¸û,ÀÆî°¡Ú, Á°¢ì¸ôÀð¼ ¸¡ö¸È¢¢¸û,Ýô		
			11.00Á½¢	À¡ø 100 ml – 200 ml ¸¡ö¸È¢¢¸û,Ýô		
			12.00 Á½¢	ÀÕôÒ °¡¾õ, ¦¿ö, °¡õÀ¡÷, ¸¡ö¸È¢¢¸ûÝô, Ãºõ,¾Â¢÷, Á°¢ì¸ôÀð¼ ¸¡ö¸È¢¢¸û,Àî¨º ¸¡ö¸È¢¢¸û §Å¸¨Åò¾ Óð¨¼ÁïºûõÐÎõ		
			2.00Á½¢	À¡ø 100 ml – 200 ml		
			3.00 Á½¢	ÀÆí¸û,ÀÆî°¡Ú Íñ¼ø,ÀÕôÒ¸û		
			4-5 Á½¢	À¡ø 100 ml – 200 ml ¦Ã¡ðÊ - 2		

ÓÊ×¨Ã:«¨ÉòÐ ¾¡öÁ¡÷¸Ùõ þ¨½ ¯½× ÀüÈ¢Â «È¢¨Å ¦ÀüÈÐ¼ý «¾ý Óì¸¢ÂòÐÅò¨¾ «È¢óÐ «¨¾ ¿¨¼Ó¨ÈÀÎòÐÅ¡÷¸û ±É ¿õÒ¸¢§Èý.¸üÀ¢ò¾Ä¢¦À¡ÆÐ ¿¡ý ¾¡öÁ¡÷¸Ç¢¼Á¢ÕóÐ «¾¢¸Á¡¸ ¦¾¡¢óÐ ¦¸¡ñ§¼ý.